



Medi-Cal

February 2025 | San Diego مقاطعة

blue 
california

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) Ուժեղացված տպագրություններ և 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: Չանգահարեք 1-855-699-5557 (TTY՝ 711) հեռախոսահամարով: Այդ ծառայություններն անվճար են:

ប្រាសាទខ្មែរ (Cambodian) ចំណាំ: បើសិនអ្នកត្រូវការជំនួយ ជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ 1-855-699-5557 (TTY: 711) ។ ជំនួយ និងសេវា សំរាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរព្រីល សំរាប់ជនពិការភ្នែក ឬឯកសារជាអក្សរព្រីលធំៗ 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 serbisyo ng ito.

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

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

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

جدول المحتويات

6	A. المقدمة.....
9	إشعار عدم التمييز.....
9	كيفية تقديم تظلم.....
11	شبكة مقدمي خدمات Blue Shield Promise.....
12	مؤشر إمكانية الوصول المادي لدليل مقدم الخدمة.....
13	توضيح رمز إمكانية الوصول.....
14	كيفية قراءة قائمة مقدم الخدمة.....
15	الوصول إلى معايير الرعاية في الوقت المناسب.....
19	B. العيادات الصحية المؤهلة فيدرالياً.....
259	C. دليل الرعاية الأولية.....
634	D. دليل مقدمي الخدمات المتخصصين.....
1452	E. دليل المستشفيات - مستشفى الرعاية العامة الحادة.....
1457	F. الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF).....
1475	G. خدمات البالغين المجتمعية (CBAS) - خدمات نهائية للكبار.....
1478	H. خدمات الدعم المنزلي في المقاطعة (IHSS).....
1479	I. دليل الصحة النفسية.....
1563	J. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار.....
1695	K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة).....
1719	L. مرافق الرعاية العاجلة لدى Blue Shield Promise.....
1755	M. فهرس الرعاية الأولية.....

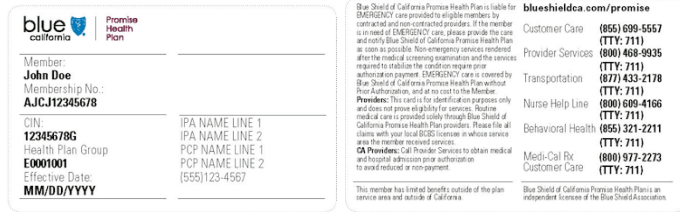
A. المقدمة

شكراً لاختياركم Blue Shield of California Promise Health Plan. يوفر لك دليل مقدم الخدمة قوائم العيادات والأطباء والمستشفيات والصيدليات، وأنواع مقدمي الرعاية الآخرين الذين يعدون جزءاً من Blue Shield Promise Health Plan.

لا ترم بطاقة (BIC) Medi-Cal التعريفية. ستحتاج إلى استخدام بطاقة (BIC) Medi-Cal عند زيارة طبيب أسنان Medi-Cal الخاص بك، وكذلك للحصول على خدمات الرعاية الصحية الأخرى التي تغطيها Blue Shield of California Promise Health Plan.

مركز الاتصال الخاص بـ Medi-Cal Rx على الرقم
1-800-977-2273

عند انضمامك إلى Blue Shield of California Promise Health Plan، فإنه من المهم اختيار طبيب رعاية أولية (PCP) لكل عضو. وإذا لم تقم باختيار طبيب لنفسك، فستقوم Blue Shield Promise باختيار طبيب من أجلك. سوف يكون طبيب PCP الخاص بك هو الطبيب الذي ستذهب إليه للحصول على الرعاية الوقائية وعندما تكون مريضاً. كما سيقوم طبيب PCP بتوجيهك إلى طبيب متخصص أو مقدم خدمات متخصص آخر عند الحاجة. إن طبيب PCP موجود لتلبية احتياجات الرعاية الصحية الخاصة بك والعمل مع الأعضاء للحفاظ على صحتهم.



بطاقة تعريف الدرع الأزرق (BIC) Blue Shield

الخدمات الصيدلانية من خلال Medi-Cal Rx

Department of Health Care Services (DHCS)، قسم خدمات الرعاية الصحية) يدير الخدمات الصيدلانية لأعضاء Medi-Cal. للخدمات الصيدلانية، يمكنك الاتصال على خط مركز الاتصال الخاص بـ Medi-Cal Rx على الرقم **1-800-977-2273** على مدار 24 ساعة طوال أيام الأسبوع، أو اتصل بـ TTY على رقم 711، من الإثنين إلى الجمعة، من الساعة 8 صباحاً حتى 5 مساءً.

تقبل معظم الصيدليات بـ Medi-Cal Rx. يمكنك الاتصال على خط مساعدة أعضاء Medi-Cal على الرقم (1-800-541-5555, TTY 1-800-430-7077) للاستفسار عما إذا كانت الصيدلية التي تتعامل معها تقبل بـ Medi-Cal Rx. إذا احتجت إلى المساعدة في البحث عن صيدلية، استخدم أداة البحث عن صيدليات Medi-Cal Rx عبر الإنترنت على الموقع الإلكتروني www.Medi-CalRx.dhcs.ca.gov أو اتصل على خط

تغيير طبيب PCP الخاص بك

يمكنك تغيير طبيب الرعاية الأولية (PCP) المسؤول عنك في أي وقت من خلال الاتصال بخدمة رعاية العملاء لدى Blue Shield Promise على **[711: TTY] 699-5557 (855)**. لن تكون التغييرات سارية حتى اليوم الأول من الشهر التالي. كما يمكنك أيضاً زيارة موقعنا الإلكتروني blueshieldca.com/promise.

بصفتك عضواً في Blue Shield of California Promise Health Plan، سوف تحصل على بطاقة تعريفية للعضوية مثل البطاقة المصورة في هذه الصفحة. وسوف تحتاج إلى إظهار هذه البطاقة التعريفية في كل مرة تقوم فيها بزيارة الطبيب، أو عند الحصول على الوصفات الطبية (الأدوية)، أو عند استخدام غرفة الطوارئ، أو عند زيارة طبيب العيون الخاص بك. احتفظ بهذه البطاقة معك في جميع الأوقات.

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفصّل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

كبير.

عندما تحصل على البطاقة التعريفية الخاصة بك، يرجى التأكد من صحة البيانات المدونة. وإن كانت خاطئة، اتصل بخدمة رعاية العملاء Blue Shield of California Promise Health Plan على رقم **(855) 699-5557**.

المتخصصين والمستشفيات ومقدمي الدعم الآخرين، بحسب الترتيب الأبجدي لاسم المدينة. ستجد في قسم "شبكة مقدمي الخدمة Blue Shield Promise" معلومات حول كيفية قراءة الأقسام المدرجة لمقدم الخدمة والعثور على المعلومات المهمة التي تحتاج إلى معرفتها عن كل مقدم خدمة.

دليل مقدمي الخدمات لدى Blue Shield Promise

San Diego - Medi-Cal

Diego

توفر Blue Shield Promise الوصول الكامل والمتساوي إلى الخدمات المشمولة، بما في ذلك المسجلون ذوو الإعاقة. يتم تقديم جميع مقدمي الخدمات، كما يجب عليهم إكمال تدريب الكفاءة الثقافية.

خدمات الترجمة الفورية

لتسهيل الأمر عليك قامت Blue Shield Promise بتوفير:

- طاقم عمل ثنائي اللغة لمساعدتك بلغتك.
- خدمات الترجمة الفورية، بما في ذلك لغة الإشارة الأمريكية، دون أي تكلفة وذلك لتلبية جميع احتياجات الرعاية الصحية الخاصة بك. لست بحاجة إلى أن تطلب مساعدة أصدقائك أو أفراد عائلتك ليترجموا لك. يمكنك الحصول على خدمات الترجمة الفورية على مدار 24 ساعة في اليوم، 7 أيام في الأسبوع لكل مما يلي:
 - ✓ الخدمات الطبية: زيارات الطبيب، وخدمات بعد ساعات العمل، وخدمات الرعاية العاجلة، وخدمات الصيدلة، ودروس التثقيف الصحي.
 - ✓ الخدمات غير الطبية: خدمة العملاء وشكاوى الأعضاء والاجتماعات التوجيهية للأعضاء.
 - ✓ مواد بتسيقات أخرى، مثل برايل للمكفوفين أو الملفات الصوتية أو الملفات المطبوعة بحجم

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

كل ما عليك القيام به هو الاتصال بمجموعتك الطبية أو بخدمة رعاية العملاء Blue Shield Promise للحصول على مواعيد محددة، تأكد من طلب مترجم فوري قبل عشرة (10) أيام عمل على الأقل من موعدك.

معلومات مهمة عن قوائم الدليل

يتم تحديث دليل مقدمي الخدمات هذا وفقاً للتاريخ المدرج على الغلاف الأمامي. قد تتم إضافة أو إزالة بعض أطباء PCP بعد طباعة هذا الدليل. ولا يمكننا ضمان استقبال أعضاء جدد من قبل كل طبيب PCP. للحصول على آخر المعلومات حول بيانات أطباء PCP في منطقتك، يمكنك زيارة الرابط blueshieldca.com/promise أو الاتصال بخدمات أعضاء Blue Shield Promise على الرقم المجاني

[711: TTY] **(855) 699-5557**.

أو عن طريق زيارة مكتبنا من الاثنين إلى الجمعة من الساعة 8 صباحاً حتى 6 مساءً. وبممكنك الحضور دون موعد مسبق لدينا طاقم عمل يتحدث لغتك. كما يمكنك أيضاً زيارة موقعنا الإلكتروني

blueshieldca.com/promise

معلومات وإفصاحات مهمة أخرى

لا يقدم بعض مقدمي الخدمات والمستشفيات واحدة أو أكثر من الخدمات التالية التي قد تشملها الخطة الصحية الخاصة بك التي ربما قد تحتاجها مثل تنظيم الأسرة أو تنظيم النسل، بما في ذلك حالات طوارئ تنظيم النسل، أو الإخصاء بما في ذلك عملية ربط الأنابيب وقت المخاض والولادة أو علاج العقم أو الإجهاض. اتصل على هاتف خدمات أعضاء Blue Shield Promise على الرقم **(855) 699-5557** للتأكد من أنه يمكنك الحصول على خدمات الرعاية الصحية التي تحتاج إليها.

لمزيد من المعلومات حول مقدمي الخدمة الخاصين بنا، بما في ذلك شهاداتهم الدراسية وخبرتهم (مثل الكليات الطبية التي درسوا فيها، وتدريب الأطباء المقيمين وحالة الإجازة من مجلس الاختصاص)، يمكنك الاتصال بخدمة

رعاية العملاء Blue Shield Promise، أو استخدم أداة البحث عن مقدم الرعاية المتوافرة على موقعنا الإلكتروني [.blueshieldca.com/promise](https://www.blueshieldca.com/promise)

قد تحتاج إلى ترخيص أو إحالة للوصول إلى بعض مقدمي الخدمات.

كيفية استخدام هذا الدليل:

يمكنك استخدام دليل مقدم الخدمة هذا لاختيار طبيب PCP المتعاقد مع Blue Shield Promise. يتم إدراج أسماء أطباء PCP، مع مقدمي الخدمات

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضّل بالزيارة عبر الإنترنت على [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

إشعار عدم التمييز

تعد ممارسة التمييز العنصري مخالفة للقانون. تلتزم Blue Shield of California Promise Health Plan بقوانين الحقوق المدنية للولايات وقوانين الحماية المدنية الفيدرالية، ولا تمارس Blue Shield of California Promise Health Plan التمييز بشكل غير قانوني ولا تستبعد أشخاصًا أو تفرق بينهم في المعاملة على أساس الجنس أو العرق أو اللون أو الدين أو النسب أو الأصل القومي أو تحديد المجموعة العرقية أو السن أو الإعاقة العقلية أو الجسدية أو الحالة الطبية أو المعلومات الجينية أو الحالة الاجتماعية أو النوع أو الهوية الجنسية أو الميول الجنسية.

تقدم خطة Blue Shield of California Promise Health Plan ما يلي:

- مساعدات وخدمات مجانية للأشخاص ذوي الإعاقات لمساعدتهم في التواصل بشكل أفضل، مثل:

✓ مترجمو لغة إشارة أكفاء

- ✓ معلومات مكتوبة بتنسيقات مختلفة (كأن تكون مطبوعة بأحرف كبيرة، أو مسجلة صوتيًا، أو تنسيقات إلكترونية يسهل الوصول إليها أو تنسيقات أخرى)

- خدمات لغوية مجانية للأشخاص الذين لا يتحدثون الإنجليزية كلغة أساسية، مثل:

✓ مترجمون فوريون أكفاء

✓ معلومات مكتوبة بلغات مختلفة

إذا كنت بحاجة إلى هذه الخدمات، يرجى التواصل مع Blue Shield of California Promise Health Plan من الساعة 8 صباحًا وحتى الساعة 6 مساءً، من الاثنين إلى الجمعة. اتصل بخدمة العملاء في منطقتك:

(Los Angeles) (800) 605-2556

(San Diego) (855) 699-5557

إذا كنت تعاني من صعوبات في السمع أو التحدث، يُرجى الاتصال بـ **TTY: 711**. يمكننا حال الطلب، توفير هذا المستند لك بلغة برايل، أو طباعته بأحرف كبيرة، أو تسجيله على شريط صوتي، أو في صورة نسخة إلكترونية. للحصول على نسخة في صورة أي من هذه التنسيقات البديلة، يرجى الاتصال أو مراسلة:

Blue Shield of California Promise Health Plan

Customer Care

3840 Kilroy Airport Way, Long Beach, CA 90806

(Los Angeles) (800) 605-2556

(San Diego) (855) 699-5557

TTY: 711

كيفية تقديم تظلم

إذا كنت تعتقد أن Blue Shield of California Promise Health Plan قد أخفقت في تقديم تلك الخدمات أو مارست التمييز بطريقة أخرى على أساس الجنس أو العرق أو اللون أو الدين أو السلالة أو الأصل القومي أو تحديد المجموعة العرقية أو العمر أو الإعاقة العقلية أو الجسدية أو الحالة الطبية أو المعلومات الجينية أو الحالة الاجتماعية أو النوع أو الهوية الجنسية أو الميول الجنسية، يمكنك تقديم تظلم إلى منسق الحقوق المدنية لدى Blue Shield of California Promise Health Plan. ويمكنك تقديم التظلم عن طريق الهاتف أو كتابيًا أو شخصيًا أو إلكترونيًا:

- عن طريق الهاتف: اتصل بمنسق الحقوق المدنية لدى Blue Shield of California Promise Health Plan من الساعة 8 صباحًا وحتى الساعة 6 مساءً، من الاثنين إلى الجمعة على الرقم (844) 883-2233. أو إذا كنت لا تستطيع السماع أو التحدث بشكل جيد، يُرجى الاتصال على TTY/TDD 711.

- كتابياً: املاً نموذج شكوى أو اكتب خطاباً وأرسله إلى:

Blue Shield of California Promise Health Plan Civil Rights Coordinator
3840 Kilroy Airport Way, Long Beach, CA 90806

- شخصياً: تفضل بزيارة عيادة طبيبك أو Blue Shield of California Promise Health Plan واذكر رغبتك في تقديم تظلم.
- إلكترونياً: تفضل بزيارة الموقع الإلكتروني لـ Blue Shield of California Promise Health Plan عبر الرابط www.blueshieldca.com/promise/medi-cal.

**مكتب الحقوق المدنية (OFFICE OF CIVIL RIGHTS) – إدارة خدمات الرعاية الصحية بولاية كاليفورنيا
(CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES)**

يمكنك أيضاً تقديم شكوى حقوق مدنية لدى مكتب الحقوق المدنية بإدارة خدمات الرعاية الصحية بولاية كاليفورنيا، عبر الهاتف أو كتابياً أو إلكترونياً:

- عن طريق الهاتف: اتصل على الرقم **916-440-7370**. إذا لم يكن بمقدورك التحدث أو السماع جيداً، يُرجى الاتصال على **711 (خدمة ترحيل الاتصالات)**.

- كتابياً: املاً نموذج الشكاوى أو أرسل خطاباً إلى:

**Deputy Director, Office of Civil Rights
Department of Health Care Services**

P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413

إن نماذج تقديم الشكاوى متاحة على http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- إلكترونياً: يمكنك إرسال بريداً إلكترونياً إلى CivilRights@dhcs.ca.gov.

**مكتب الحقوق المدنية - وزارة الصحة والخدمات الإنسانية بالولايات المتحدة
(U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES)**

إذا كنت تعتقد أنك تعرضت للتمييز على أساس العرق أو اللون أو الأصل القومي أو السن أو الإعاقة أو الجنس، يمكنك أيضاً التقدم بشكوى بشأن الحقوق المدنية إلى وزارة الصحة والخدمات الإنسانية بالولايات المتحدة، مكتب الحقوق المدنية هاتفياً أو كتابياً أو إلكترونياً:

- عن طريق الهاتف: اتصل على الرقم **1-800-368-1019**. إذا كنت لا تستطيع التحدث أو السماع بشكل جيد، يُرجى الاتصال على **(TTY/TDD) 1-800-537-7697**.

- كتابياً: املاً نموذج الشكاوى أو أرسل خطاباً إلى:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

تتوفر نماذج الشكاوى على <http://www.hhs.gov/ocr/office/file/index.html>

- إلكترونياً: يرجى زيارة البوابة الإلكترونية لمكتب شكاوى الحقوق المدنية على الموقع الإلكتروني <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

شبكة مقدّمي خدمات Blue Shield Promise

تعريفات ومعلومات عامة

مفتاح دليل مقدّم الخدمة

- * | مقدّم الخدمة لا يقبل مرضى جدداً في هذه الشبكة الصحية
- 📍 | عنوان مقدّم الخدمة
- ☎️ | رقم هاتف مقدّم الخدمة
- 🕒 | رقم هاتف مقدّم الخدمة بعد ساعات العمل
- 🗣️ | اللغة المستخدمة في مكتب مقدّم الخدمة هذا
- 🕒 | ساعات عمل مقدّم الخدمة بسهولة
- 📱 | الوصول للمعلومات الموقع الإلكتروني
- 📧 | الخاص بمقدّم الخدمة

العيادة المجتمعية: هي عيادة طبية غير ربحية تقدم خدمات الرعاية الصحية لأعضاء Blue Shield Promise.

الطبيب العام وطبيب الأسرة: هم الأطباء المتخصصون في علاج الأطفال والبالغين من الرجال والنساء.

مركز صحي مؤهل اتحادياً (FQHC): هو منظمة مجتمعية توفر خدمات الرعاية الصحية الأولية والوقائية للأشخاص من جميع الفئات العمرية، دون النظر لإحالتهم المادية أو وضعهم في التأمين الصحي.

المستشفى: لدى Blue Shield Promise تعاقدات مع العديد من المستشفيات. تحقق من انتساب طبيب الرعاية الأولية الذي قمت باختياره إلى المستشفى.

الطب الباطني: هم الأطباء المتخصصون في علاج البالغين من الرجال والنساء فوق سن 18 عاماً.

رابطة الأطباء المستقلين (IPA): هو مركز الرعاية الصحية الذي تعاقد مع مجموعة من الأطباء لتقديم خدمات الرعاية الصحية.

المجموعة الطبية: مجموعة أطباء يقدمون خدمات الرعاية الصحية لأعضاء Blue Shield Promise.

طب التوليد وطب النساء: هم الأطباء المتخصصون في مجال صحة المرأة ورعاية الأمومة.

طب الأطفال: هم الأطباء المتخصصون في علاج الأطفال حتى سن 18 عاماً.

طبيب الرعاية الأولية (PCP): بصفتك عضواً في Blue Shield Promise، يجب أن تختار PCP لتلبية احتياجاتك الصحية العامة. إذا لم تقم باختيار PCP خاص بك، فسنقوم نحن باختيار طبيب لك. جميع أطباء PCP مصنّفون حسب المدينة. يمكنك اختيار أي من اختصاصات الأطباء التالية:

- طب التوليد وطب النساء
- طبيب أطفال

- الطبيب العام وطبيب الأسرة
- الطب الباطني

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضّل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

مؤشر إمكانية الوصول المادي لدليل مقدّم الخدمة

يمكنك العثور أدناه على معلومات حول احتياجات الوصول الأساسية لكبار السن والأشخاص ذوي الإعاقة (SPD) عند زيارة عيادة طبيب. نحن بدورنا نعلم أن للأعضاء احتياجات مختلفة. لذلك، نطلب من الأعضاء الاتصال بعيادة الطبيب لمناقشة احتياجات الوصول الخاصة بهم.

(Parking) P = موقف السيارات

توجد أماكن لوقوف السيارات، وأماكن مخصصة لوقوف سيارات النقل المغلقة، وجميعها سهلة الوصول. تتميز الممرات بمنحدرات أرضية بين مواقف السيارات والمكاتب ونقاط النزول.

(Restroom) R = المراحيض

أبواب المراحيض الوصول إليها سهل ويمكن فتحها بسهولة وهي واسعة بدرجة كافية لدخول الكرسي المتحرك أو الدراجة الصغيرة. يتميز المراحيض بمساحة كافية تسمح لمستخدمي الكرسي المتحرك أو الدراجة الصغيرة الدوران وإغلاق الباب. يوجد قضبان استناد تسمح بسهولة الانتقال من الكرسي المتحرك/ الدراجة إلى المراحيض. يمكن بسهولة الوصول إلى الحوض وكذلك الحنفيات والصابون ومناديل المراحيض واستخدامها.

(Exam Table/Scale) T = كرسي الفحص/ الميزان

تتحرك طاولة الفحص إلى الأعلى وإلى الأسفل، ويمكن الوصول إلى الميزان بسهولة مع وجود درابزين لمساعدة مستخدمي الكراسي المتحركة والدراجات الصغيرة. يمكن للميزان استيعاب كرسي متحرك.

(Exam Room) E = غرفة الفحص

المدخل المؤدي إلى غرفة الفحص سهل ومحدد بمسار واضح. الأبواب مفتوحة على اتساعها، بحيث تكفي المساحة لدخول كرسي متحرك أو دراجة صغيرة، كما أنها سهلة الفتح. تتميز غرفة الفحص بمساحة كبيرة بما يكفي لتسع كرسيًا متحركًا أو دراجة صغيرة.

(Exterior Building) EB = المبنى الخارجي

منحدرات الرصيف وغيرها من المنحدرات المؤدية إلى المبنى واسعة بما يكفي لممر كرسي متحرك أو دراجة صغيرة. يوجد درابزين على جانبي المنحدر. يوجد مدخل "سهل الوصول" إلى المبنى. الأبواب مفتوحة على اتساعها بما يكفي لدخول مستخدمي الكرسي المتحرك أو دراجة الصغيرة، فضلاً عن أنها مقدمة بمقابض سهلة الاستخدام.

(Interior Building) IB = المبنى الداخلي

الأبواب مفتوحة على اتساعها بما يكفي لدخول مستخدمي الكرسي المتحرك أو دراجة الصغيرة، فضلاً عن أنها مقدمة بمقابض سهلة الاستخدام. المنحدرات الداخلية واسعة بشكل كافٍ ولها درابزين. في حال وجود سلالم فهي ستكون مجهزة بدرابزين. في حال وجود مصعد، سيكون استخدامه متاحًا للعموم/ المرضى في جميع الأوقات التي يكون فيها المبنى مفتوحًا. المصعد مجهز بأصوات واضحة وأزرار بربل للمكفوفين موجودة في متناول اليد. يحتوي المصعد على مساحة كافية لمستخدمي الكرسي المتحرك أو مستخدمي الدراجة الصغيرة حتى يتمكنوا من تغيير اتجاه حركتهم. يمكن استخدام رافعة المنصة دون الحاجة إلى مساعدة، في حال وجودها.

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضّل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

توضيح رمز إمكانية الوصول



موقف السيارات	P
المبنى الخارجي	EB
المبنى الداخلي	IB
الكرسي المتحرك	W
المرحاض	R
غرفة الفحص	E
طاولة/ميزان الفحص	T

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضّل بالزيارة عبر الإنترنت على [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

كيفية قراءة قائمة مقدّم الخدمة

من شأن المعلومات التالية أن تقوم بمساعدتك على اختيار PCP الخاص بك.

مثلاً:

1. التخصص الطبي لمقدّم الخدمة
2. اسم مقدّم الخدمة، نوع الرخصة
3. رقم البطاقة التعريفية لمقدّم الخدمة
4. جنس مقدّم الخدمة
5. رقم الرخصة الخاصة بمقدّم الخدمة
6. رقم NPI (معرف مقدم الرعاية الوطني) لمقدّم الخدمة
7. اللغات التي يتحدث بها مقدمو الخدمة والموظفون
8. تدريب الكفاءة الثقافية
9. الانتساب إلى المستشفى
10. التخصص المعتمد:
11. اسم المجموعة الطبية FQHC/اسم المجموعة الطبية
12. عنوان مقدّم الخدمة
13. رقم هاتف مقدّم الخدمة
14. رقم فاكس مقدّم الخدمة
15. الموقع الإلكتروني الخاص بمقدّم الخدمة
16. عنوان البريد الإلكتروني لمقدّم الخدمة
17. Medi-Cal Open Panel:
18. حد السن الأدنى والأقصى:
19. إمكانية الوصول للأشخاص ذوي الإعاقة
20. ساعات عمل مقدّم الخدمة

1. طبيب أطفال
2. Doe, Jane, MD
3. الرقم التعريفي لمقدّم الخدمة: 00A2123456
4. أنثى
5. رقم الرخصة 00A123456
6. NPI: 0123456789
7. الإنجليزية، الإسبانية، الفيتنامية، الفارسية، الكورية، الصينية، العربية.
8. نعم
9. Good Samaritan Hospital
10. طبيب أطفال
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. نعم/لا
18. 0-18
19. محدود. P, EB, IB, E
20. الإثنين - الجمعة، الساعة 8 ص - 5 م

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضّل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

الوصول إلى معايير الرعاية في الوقت المناسب

نوع الموعد	يجب تحديد الموعد خلال
مواعيد الرعاية العاجلة التي لا تتطلب موافقة سابقة (تصريح سابق)	48 ساعة
مواعيد الرعاية العاجلة التي تتطلب موافقة سابقة (تصريح سابق)	96 ساعة
مواعيد الرعاية الصحية الأولية غير العاجلة	10 أيام عمل
المواعيد غير العاجلة لزيارة اختصاصي	15 أيام عمل
مقدم خدمة الصحة العقلية غير العاجلة (غير طبيب).	10 أيام عمل
تحديد موعد للخدمات المعاونة غير العاجلة لتشخيص أو علاج إصابة أو مرض أو أي حالة صحية أخرى	15 أيام عمل
وقت الانتظار على الهاتف خلال ساعات العمل العادية	10 دقيقة
فرز المرضى – على مدار الساعة وطوال أيام الأسبوع	على مدار الساعة وطوال أيام الأسبوع – لا تزيد على 30 دقيقة

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

ALPINE

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103

Phone: 619-445-6200

After Hours Phone:
619-445-6200

License Number: 20A17296

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 90000681

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A158569

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110
ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A97270

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No


Hours: SU-SA 9AM-5PM

American Sign Language (ASL):


N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.mtnhealth.org*

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: NP95005999


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.mtnhealth.org*

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

 *Phone: 619-662-4100*

 *After Hours Phone:*

619-662-4100

License Number: NP95006360


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No


 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.mtnhealth.org*

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

 *Phone: 619-662-4100*

 *After Hours Phone:*

619-662-4100

License Number: PA20490


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.mtnhealth.org*

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: PA52347


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.mtnhealth.org*


SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

 *Phone: 619-662-4100*

Fax: 619-205-6305

 *After Hours Phone: 619-662-4100*

License Number: C172036

NPI: 1598122871

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

 Phone: 619-662-4100

Fax: 619-205-6305

 After Hours Phone: 619-662-4100

License Number: DC28335


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.mtnhealth.org

BORREGO SPRINGS


BORREGO MEDICAL CLINIC

Provider ID: 185179

 4343 YAQUI PASS RD BORREGO SPRINGS, CA 92004

 Phone: 760-767-5051

Fax: 760-767-4552

 After Hours Phone: 760-767-5051


License Number: 80000651

NPI: 1134144165


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: Yes

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDATION

 Website: N/A


BORREGO MEDICAL CLINIC

Provider ID: 185179

 4343 YAQUI PASS RD BORREGO SPRINGS, CA 92004

 Phone: 760-767-5051

Fax: 760-767-4552


 After Hours Phone: 760-767-5051


License Number: G85319

NPI: 1134144165


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDATION


 Website: N/A

BORREGO MEDICAL CLINIC

Provider ID: 185179

 4343 YAQUI PASS RD BORREGO SPRINGS, CA 92004

 Phone: 760-767-5051


 After Hours Phone: 760-767-5051


License Number: C39104

NPI: 1134144165


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

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

BORREGO MEDICAL CLINIC

Provider ID: 185179
4343 YAQUI PASS RD
BORREGO SPRINGS, CA
92004
Phone: 760-767-5051
Fax: 760-767-4552
After Hours Phone:
760-767-5051
NPI: 1134144165
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish

Cultural Competency: No
Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: BORREGO
COMMUNITY HEALTH
FOUNDTION
Website: N/A

CAMPO

**SAN YSIDRO HEALTH
MOUNTAIN HEALTH FAMILY
MEDICINE**
Provider ID: 519686

1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906-2028
Phone: 619-445-6200
After Hours Phone:
619-445-6200
License Number: 20A17296
NPI: 1598122871

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

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686
1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906-2028
Phone: 619-445-6200
After Hours Phone:
619-445-6200
License Number: A88893
NPI: 1598122871

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

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

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686
1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906-2028
Phone: 619-662-4100
After Hours Phone:
619-662-4100
NPI: 1598122871

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

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686
1388 BUCKMAN SPRINGS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

RD
CAMPO, CA 91906-2028
☎ Phone: 619-662-4100
📞 After Hours Phone:
619-662-4100
License Number: 20A18400
NPI: 1598122871

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

🗨 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
🌐 Website: N/A

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686
📍 1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906-2028
☎ Phone: 619-662-4100
📞 After Hours Phone:
619-662-4100
License Number: 90000660
NPI: 1598122871

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

🗨 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
🌐 Website: N/A

SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE

Provider ID: 519686
📍 1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906-2028
☎ Phone: 619-662-4100
📞 After Hours Phone:
619-662-4100
License Number: PA20490
NPI: 1598122871

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

🗨 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
🌐 Website: N/A

CARLSBAD

TRUECARE

Provider ID: 480120
📍 1295 CARLSBAD VILLAGE
DR, STE 100

CARLSBAD, CA
92008-1950
☎ Phone: 760-736-6767
📞 After Hours Phone:
760-736-6767
License Number: A131678
NPI: 1598122871

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

🗨 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
🌐 Website: N/A

TRUECARE


Provider ID: 480120
📍 1295 CARLSBAD VILLAGE
DR, STE 100
CARLSBAD, CA
92008-1950
☎ Phone: 760-736-6767
📞 After Hours Phone:
760-736-6767
License Number: A49273
NPI: 1598122871

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

🗨 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: N/A*

TRUECARE

Provider ID: 480120

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

 *Phone: 760-736-6767*

 *After Hours Phone: 760-736-6767*


License Number: A93248

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: N/A*

TRUECARE

Provider ID: 480120

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

 *Phone: 760-736-6767*

 *After Hours Phone:*

760-736-6767


License Number: G74757

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No


 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: N/A*

TRUECARE

Provider ID: 480120

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

 *Phone: 760-736-6767*

 *After Hours Phone: 760-736-6767*


License Number: PA53036

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: N/A*


TRUECARE

Provider ID: 480120

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

 *Phone: 760-736-6767*

Fax: 760-720-7204


 *After Hours Phone: 760-736-6767*

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: N/A*


TRUECARE

Provider ID: 480120

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

 *Phone: 760-736-6767*

Fax: 760-720-7204

 *After Hours Phone: 760-736-6767*

License Number: 80000630

NPI: 1598122871

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

TRUECARE

Provider ID: 480120

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

Phone: 760-736-6767

Fax: 760-720-7204

After Hours Phone:
760-736-6767

License Number: PA22667

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: N/A

CHULA VISTA

CHULA VISTA PEDIATRICS

Provider ID: 482034

855 3RD AVE STE 2200
CHULA VISTA, CA
91911-1353

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A49591

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-4PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

CHULA VISTA PEDIATRICS

Provider ID: 482034

855 3RD AVE STE 2200
CHULA VISTA, CA
91911-1353

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A82912

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-4PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

CHULA VISTA PEDIATRICS

Provider ID: 482034

855 3RD AVE STE 2200
CHULA VISTA, CA
91911-1353

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: C51110

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-4PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org







CHULA VISTA PEDIATRICS

Provider ID: 482034







855 3RD AVE STE 2200
CHULA VISTA, CA
91911-1353

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً








 Phone: 619-662-4100
Fax: 619-662-4196
 After Hours Phone:
619-662-4100
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-4PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

OTAY FAMILY HEALTH CLINIC




Provider ID: 314546
 1637 3RD AVE STE H
CHULA VISTA, CA
91911-5823
 Phone: 619-205-1360
 After Hours Phone:
619-205-1360
License Number: A95959
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

OTAY FAMILY HEALTH CLINIC








Provider ID: 314546
 1637 3RD AVE STE H
CHULA VISTA, CA
91911-5823
 Phone: 619-205-1376
 After Hours Phone:
619-205-1376
License Number: A179598
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

OTAY FAMILY HEALTH CLINIC


Provider ID: 314546
 1637 3RD AVE STE H
CHULA VISTA, CA
91911-5823
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A123170
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

OTAY FAMILY HEALTH CLINIC

Provider ID: 314546
 1637 3RD AVE STE H
CHULA VISTA, CA
91911-5823
 Phone: 619-662-4100
Fax: 619-336-2323
 After Hours Phone:
619-662-4100
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
 678 3RD AVE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

CHULA VISTA, CA
91910-5736
☎ Phone: 619-662-4100
📞 After Hours Phone:
619-662-4100
License Number: 20A11087
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
📄 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
📄 678 3RD AVE
CHULA VISTA, CA
91910-5736
☎ Phone: 619-662-4100
📞 After Hours Phone:
619-662-4100
License Number: 20A12555
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
📄 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
📄 678 3RD AVE
CHULA VISTA, CA
91910-5736
☎ Phone: 619-662-4100
📞 After Hours Phone:
619-662-4100
License Number: 20A13225
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
📄 678 3RD AVE
CHULA VISTA, CA
91910-5736
☎ Phone: 619-662-4100
📞 After Hours Phone:

619-662-4100
License Number: 20A14025
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
📄 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA


Provider ID: 427322
📄 678 3RD AVE
CHULA VISTA, CA
91910-5736
☎ Phone: 619-662-4100
📞 After Hours Phone:
619-662-4100
License Number: 20A19485
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
📄 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: 20A9060

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A106103


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: A114600

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: A114893

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A115598

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A115699

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE

CHULA VISTA, CA

91910-5736

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A120584

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A120672

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A121861

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

619-662-4100
License Number: A123263
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

☐ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

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

☎ Phone: 619-662-4100

📞 After Hours Phone:
619-662-4100

License Number: A123492

NPI: 1598122871

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

☐ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

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

☎ Phone: 619-662-4100

📞 After Hours Phone:
619-662-4100

License Number: A123604

NPI: 1598122871

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

☐ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

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

☎ Phone: 619-662-4100

📞 After Hours Phone:
619-662-4100

License Number: A127706

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

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

☎ Phone: 619-662-4100

📞 After Hours Phone:
619-662-4100

License Number: A134303

NPI: 1598122871

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A138474

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A138534

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A159831

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE

CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A162816

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A163183

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None



Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM




American Sign Language (ASL):

N



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


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

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
 678 3RD AVE
 CHULA VISTA, CA 91910-5736
 *Phone: 619-662-4100*
 *After Hours Phone: 619-662-4100*
License Number: A164392
NPI: 1598122871

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



 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL): N



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

SAN YSIDRO HEALTH CHULA VISTA


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

619-662-4100
License Number: A177922
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None



 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL): N


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

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
 678 3RD AVE
 CHULA VISTA, CA 91910-5736
 *Phone: 619-662-4100*
 *After Hours Phone: 619-662-4100*
License Number: A40061

NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL): N



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



 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH CHULA VISTA

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

License Number: A40473
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL): N

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

SAN YSIDRO HEALTH CHULA VISTA


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

License Number: A41486
NPI: 1598122871
Accepting New Patients: Yes


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A47906


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A50477


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A56153


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A66903


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org



SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا


CHULA VISTA, CA
91910-5736
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A69264
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org


SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
 678 3RD AVE
CHULA VISTA, CA
91910-5736
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A77936
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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





SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
 678 3RD AVE
CHULA VISTA, CA
91910-5736
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A80185
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None







 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

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

619-662-4100
License Number: A87650
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA


Provider ID: 427322
 678 3RD AVE
CHULA VISTA, CA
91910-5736
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A93785
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: C55563

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: DC20760


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: DC31963

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: DC33295

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: DDS102880

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):  *Phone: 619-662-4100*

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 *Phone: 619-662-4100*


 *After Hours Phone: 619-662-4100*

License Number: DPM2930


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):  *Phone: 619-662-4100*

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.ihpsocal.org*


SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE

CHULA VISTA, CA
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: G57243


NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):  *Phone: 619-662-4100*

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: G59670


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):  *Phone: 619-662-4100*

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: G72486


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

619-662-4100
License Number: G74728
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No
Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: G80234

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: NP12112

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: NP95015413

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: PA54404

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: SP18192

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

678 3RD AVE
CHULA VISTA, CA
91910-5736

Phone: 619-662-4100

Fax: 619-425-1184

After Hours Phone:
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: A108228

NPI: 1134155377

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

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

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

Cultural Competency: No
⌚ Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500


License Number: A113001

NPI: 1134155377


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

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

Cultural Competency: No
⌚ Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500

License Number: A114181

NPI: 1134155377

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

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

Cultural Competency: No
⌚ Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500

License Number: A118095

NPI: 1134155377

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

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

Cultural Competency: No
⌚ Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500

License Number: A119689

NPI: 1134155377

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

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

Cultural Competency: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

🕒 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 🌐 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 📍 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 📞 Phone: 619-515-2500
 🕒 After Hours Phone:
 619-515-2500
 License Number: A148014
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish

Cultural Competency: No
 🕒 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 🌐 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 📍 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 📞 Phone: 619-515-2500
 🕒 After Hours Phone:
 619-515-2500
 License Number: A153344
 NPI: 1134155377

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

Cultural Competency: No
 🕒 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 🌐 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 📍 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 📞 Phone: 619-515-2500
 🕒 After Hours Phone:
 619-515-2500
 License Number: A154298
 NPI: 1134155377

Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish
 Cultural Competency: No
 🕒 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 🌐 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 📍 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 📞 Phone: 619-515-2500
 🕒 After Hours Phone:
 619-515-2500
 License Number: A163464
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish
 Cultural Competency: No
 🕒 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: A177698

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: A73172

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: A78355

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

.B العيادات الصحية المؤهلة فيدراليًا

 Phone: 619-515-2500
 After Hours Phone:
 619-515-2500
 License Number: DC26269
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish




Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 Phone: 619-515-2500
 After Hours Phone:
 619-515-2500
 License Number: DPM4819
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish
 Cultural Competency: No







 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 Phone: 619-515-2500
 After Hours Phone:
 619-515-2500
 License Number: G78814
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish

Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 Phone: 619-515-2500
 After Hours Phone:
 619-515-2500
 License Number: NM792
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish
 Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 Phone: 619-515-2500
 After Hours Phone:
 619-515-2500
 License Number: NP10943
 NPI: 1134155377

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

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

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

Cultural Competency: No
⌚ Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500


License Number: NP23687

NPI: 1134155377


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

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

Cultural Competency: No
⌚ Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500

License Number: NP95001492

NPI: 1134155377

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

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

Cultural Competency: No
⌚ Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500

License Number: NP95001705

NPI: 1134155377

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

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

Cultural Competency: No
⌚ Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500

License Number: NP95001964

NPI: 1134155377

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

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

Cultural Competency: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

🕒 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 🌐 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 📍 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 📞 Phone: 619-515-2500
 🕒 After Hours Phone:
 619-515-2500
 License Number: NP95013978
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish

Cultural Competency: No
 🕒 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 🌐 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 📍 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 📞 Phone: 619-515-2500
 🕒 After Hours Phone:
 619-515-2500
 License Number: PA21591
 NPI: 1134155377

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

Cultural Competency: No
 🕒 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 🌐 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 📍 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 📞 Phone: 619-515-2500
 🕒 After Hours Phone:
 619-515-2500
 License Number: PT291706
 NPI: 1134155377

Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish
 Cultural Competency: No
 🕒 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 🌐 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355
 📍 251 LANDIS AVE
 CHULA VISTA, CA
 91910-2628
 📞 Phone: 619-515-2500
 🕒 After Hours Phone:
 619-515-2500
 License Number: PT292823
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
 Spanish
 Cultural Competency: No
 🕒 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: PT293536

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: PT294245

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: PT295173

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: PT37189

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

Fax: 619-397-1161

After Hours Phone:
619-515-2500

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

252 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC

Provider ID: 417641

352 L ST
CHULA VISTA, CA
91911-1208

Phone: 619-515-2325

After Hours Phone:
619-515-2325

License Number: A144995

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC

Provider ID: 417641

352 L ST
CHULA VISTA, CA
91911-1208

Phone: 619-515-2325

After Hours Phone:
619-515-2325

License Number: PA19306

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC

Provider ID: 417641

352 L ST
CHULA VISTA, CA
91911-1208

Phone: 619-515-2325

Fax: 619-420-0660

After Hours Phone:

619-515-2325


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org


FAMILY HLTH CTR SAN DIEGO-RICE FAM HC

Provider ID: 417641

 352 L ST
CHULA VISTA, CA
91911-1208

 Phone: 619-515-2325

Fax: 619-420-0660

 After Hours Phone:
619-515-2325

License Number: 550002305

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org


EL CAJON

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: 20A13745

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:


619-515-2498


License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: 20A7241

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

.B العيادات الصحية المؤهلة فيدرالياً


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A107093

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


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

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A116680

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org


FAMILY HLTH CTR SAN

DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN

DIEGO


 Website: www.fhcsd.org


FAMILY HLTH CTR SAN

DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: A127798

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org


FAMILY HLTH CTR SAN

DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: A134303

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org


FAMILY HLTH CTR SAN

DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: A138815

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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


American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: A144974

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:
619-515-2498


License Number: A146838

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: A147976

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A152462

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007


 Phone: 619-515-2498


 After Hours Phone:
619-515-2498

License Number: A154298

NPI: 1134155377

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


 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:
619-515-2498

License Number: A164859

NPI: 1134155377

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


 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:
619-515-2498

License Number: A175325

NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007


 Phone: 619-515-2498


 After Hours Phone:
619-515-2498

License Number: A178499

NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: A83390

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

📍 525 E MAIN ST
EL CAJON, CA 92020-4007

☎ Phone: 619-515-2498

🕒 After Hours Phone:
619-515-2498

License Number: DC33869
NPI: 1134155377

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

📍 525 E MAIN ST
EL CAJON, CA 92020-4007

☎ Phone: 619-515-2498

🕒 After Hours Phone:
619-515-2498

License Number: DPM5661
NPI: 1134155377

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

📍 525 E MAIN ST
EL CAJON, CA 92020-4007

☎ Phone: 619-515-2498

🕒 After Hours Phone:
619-515-2498

License Number: G78814
NPI: 1134155377

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

📍 525 E MAIN ST
EL CAJON, CA 92020-4007

☎ Phone: 619-515-2498

🕒 After Hours Phone:
619-515-2498

License Number: NM1721
NPI: 1134155377

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: NP15444

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: NP95000205

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: NP95007000

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: NP95009180

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: NP95009292

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا


 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340


 525 E MAIN ST
EL CAJON, CA 92020-4007


 Phone: 619-515-2498

 After Hours Phone:
619-515-2498


License Number: NP95013978
NPI: 1134155377

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


 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007


 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: NP95021154
NPI: 1134155377

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


 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007


 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: PA20396
NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340


 525 E MAIN ST
EL CAJON, CA 92020-4007


 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: PA23258
NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: PT292482

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: PT295173

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: RN810863

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

Fax: 619-269-0191

After Hours Phone:
619-515-2498

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

Fax: 619-269-0191

After Hours Phone:
619-515-2498

License Number: 20A19473

NPI: 1134155377

Accepting New Patients: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA


8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org


FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


Fax: 619-269-0191

 After Hours Phone:
619-515-2498

License Number: 550003553

NPI: 1134155377


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

 Site English Spoken: Yes
Cultural Competency: No


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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2499


 After Hours Phone:
619-515-2499

License Number: RN428876

NPI: 1134155377

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

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 526 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-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

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY
EL CAJON, CA 92021-7416

 Phone: 619-795-5991


 After Hours Phone:
619-795-5991

License Number: 20A14222

NPI: 1609849074

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

 Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA FAMILY CLINIC

 Website: www.lamaestra.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:
619-795-5991

License Number: 20A6433

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:
619-795-5991

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:
619-795-5991

License Number: A160760

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:
619-795-5991

License Number: G50634

NPI: 1609849074

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

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:
619-795-5991

License Number: PA21625

NPI: 1609849074

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

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC

🌐 Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

📍 1032 BROADWAY
EL CAJON, CA 92021-7416

☎ Phone: 619-795-5991

🕒 After Hours Phone:
619-795-5991

License Number: PA58466

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC

🌐 Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

📍 1032 BROADWAY
EL CAJON, CA 92021-7416

☎ Phone: 619-795-5991

Fax: 619-795-5992

🕒 After Hours Phone:
619-795-5991

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC

🌐 Website: www.lamaestra.org

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

📍 1032 BROADWAY
EL CAJON, CA 92021-7416

☎ Phone: 619-795-5991

Fax: 619-795-5992

🕒 After Hours Phone:
619-795-5991

License Number: 550003567

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC

🌐 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

☎ Phone: 619-269-1262

🕒 After Hours Phone:
619-269-1262

License Number: C55979

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC

🌐 Website: www.lamaestra.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

Phone: 619-312-0347

After Hours Phone:
619-312-0347

License Number: 20A14222

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

Phone: 619-312-0347

After Hours Phone:
619-312-0347

License Number: 20A6433

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

Phone: 619-312-0347

After Hours Phone:
619-312-0347

License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

165 S 1ST ST

EL CAJON, CA 92019-4795

Phone: 619-312-0347

After Hours Phone:
619-312-0347

License Number: A68184

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

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

Phone: 619-312-0347

After Hours Phone:
619-312-0347

License Number: PA58466

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N




Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً




PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC
 Website: www.lamaestra.org
g




LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267
 165 S 1ST ST
EL CAJON, CA 92019-4795
 Phone: 619-312-0348
 After Hours Phone:
619-312-0348
License Number: G45632
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None




Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC
 Website: www.lamaestra.org
g



CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354
 1111 W CHASE AVE
EL CAJON, CA 92020-5710
 Phone: 619-515-2499
 After Hours Phone:
619-515-2499

License Number: 20A13700
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org




CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354
 1111 W CHASE AVE
EL CAJON, CA 92020-5710
 Phone: 619-515-2499
 After Hours Phone:
619-515-2499
License Number: A110192
NPI: 1134155377




Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT

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



CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354
 1111 W CHASE AVE
EL CAJON, CA 92020-5710
 Phone: 619-515-2499
 After Hours Phone:
619-515-2499
License Number: A138887
NPI: 1134155377

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

Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org

CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354
 1111 W CHASE AVE
EL CAJON, CA 92020-5710
 Phone: 619-515-2499

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

☎ *After Hours Phone:*
619-515-2499
License Number: A170055
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

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

Cultural Competency: No

🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):

N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 *Website:* www.fhcsd.org

CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

📍 1111 W CHASE AVE
EL CAJON, CA 92020-5710

☎ *Phone:* 619-515-2499

☎ *After Hours Phone:*
619-515-2499

License Number: DC33150

NPI: 1134155377

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

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

Cultural Competency: No

🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):

N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 *Website:* www.fhcsd.org

CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

📍 1111 W CHASE AVE
EL CAJON, CA 92020-5710

☎ *Phone:* 619-515-2499

☎ *After Hours Phone:*
619-515-2499

License Number: NP95007253

NPI: 1134155377

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

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

Cultural Competency: No

🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):

N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 *Website:* www.fhcsd.org

CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

📍 1111 W CHASE AVE
EL CAJON, CA 92020-5710

☎ *Phone:* 619-515-2499

Fax: 619-593-7164

☎ *After Hours Phone:*
619-515-2499

NPI: 1134155377

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

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

Cultural Competency: No

🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):

N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 *Website:* www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

📍 525 E MAIN ST
EL CAJON, CA 92020-4007

☎ *Phone:* 619-515-2300

☎ *After Hours Phone:*
619-515-2300

License Number: PT293536

NPI: 1134155377


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






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

🕒 *Hours:* SU-SA


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





B. العيادات الصحية المؤهلة فيدرالياً





8:30AM-5:30PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 Website: www.fhcsd.org




FAMILY HLTH CTR SAN DIEGO-EL CAJON
 Provider ID: 418340
 525 E MAIN ST
 EL CAJON, CA 92020-4007
 Phone: 619-515-2498
 After Hours Phone: 619-515-2498
 License Number: 20A11535
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA
 8:30AM-5:30PM






American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 Website: www.fhcsd.org



FAMILY HLTH CTR SAN DIEGO-EL CAJON
 Provider ID: 418340
 525 E MAIN ST
 EL CAJON, CA 92020-4007
 Phone: 619-515-2498
 After Hours Phone: 619-515-2498
 License Number: 20A13060
 NPI: 1134155377



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

CENTRO MEDICO EL CAJON
 Provider ID: 478971
 133 W MAIN ST STE 100
 EL CAJON, CA 92020-3325
 Phone: 619-401-0404
 After Hours Phone: 619-401-0404
 License Number: A151547
 NPI: 1134144165
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No

 Hours: SU-SA 8AM-8PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION
 Website: N/A






CENTRO MEDICO EL CAJON
 Provider ID: 478971
 133 W MAIN ST STE 100
 EL CAJON, CA 92020-3325
 Phone: 619-401-0404
 After Hours Phone: 619-401-0404
 License Number: A158569
 NPI: 1134144165
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-8PM
 American Sign Language (ASL):
 N

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







CENTRO MEDICO EL CAJON
 Provider ID: 478971
 133 W MAIN ST STE 100
 EL CAJON, CA 92020-3325
 Phone: 619-401-0404

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا






 After Hours Phone: 619-401-0404
 License Number: A98486
 NPI: 1134144165
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-8PM
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION
 Website: N/A



CENTRO MEDICO EL CAJON

Provider ID: 478971
 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325
 Phone: 619-401-0404
 After Hours Phone: 619-401-0404
 License Number: G52812
 NPI: 1134144165
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-8PM
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: BORREGO COMMUNITY HEALTH





FOUNDTION
 Website: N/A




CENTRO MEDICO EL CAJON

Provider ID: 478971
 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325
 Phone: 619-401-0404
 After Hours Phone: 619-401-0404
 License Number: NP95001710
 NPI: 1134144165
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-8PM
 American Sign Language (ASL): N






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



CENTRO MEDICO EL CAJON

Provider ID: 478971
 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325
 Phone: 619-873-8940
 After Hours Phone: 619-873-8940
 License Number: 20A11733
 NPI: 1134144165
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes


Cultural Competency: No
 Hours: SU-SA 8AM-8PM
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDTION
 Website: N/A

CENTRO MEDICO EL CAJON

Provider ID: 478971
 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325
 Phone: 619-873-8940
 After Hours Phone: 619-873-8940
 License Number: A113241
 NPI: 1134144165
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-8PM
 American Sign Language (ASL): N


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

CENTRO MEDICO EL CAJON

Provider ID: 478971
 133 W MAIN ST STE 100 EL CAJON, CA 92020-3325

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

 Phone: 619-873-8940

 After Hours Phone:
619-873-8940

License Number: A114674

NPI: 1134144165

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-8PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: BORREGO
COMMUNITY HEALTH
FOUNDATION

 Website: N/A

CENTRO MEDICO EL CAJON

Provider ID: 478971

 133 W MAIN ST STE 100
EL CAJON, CA 92020-3325

 Phone: 619-873-8940

 After Hours Phone:
619-873-8940

License Number: DPM1536

NPI: 1134144165

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-8PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO


COMMUNITY HEALTH
FOUNDATION

 Website: N/A

CENTRO MEDICO EL CAJON

Provider ID: 478971

 133 W MAIN ST STE 100
EL CAJON, CA 92020-3325


 Phone: 619-873-8940

 After Hours Phone:
619-873-8940

License Number: PA16673

NPI: 1134144165

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-8PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: BORREGO
COMMUNITY HEALTH
FOUNDATION

 Website: N/A

CENTRO MEDICO EL CAJON

Provider ID: 478971

 133 W MAIN ST STE 100
EL CAJON, CA 92020-3325

 Phone: 619-873-8940

Fax: 619-401-0522


 After Hours Phone:
619-873-8940

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-8PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: BORREGO
COMMUNITY HEALTH
FOUNDATION

 Website: N/A

CENTRO MEDICO EL CAJON

Provider ID: 478971

 133 W MAIN ST STE 100
EL CAJON, CA 92020-3325

 Phone: 619-873-8940


Fax: 619-401-0522


 After Hours Phone:
619-873-8940

License Number: 550000430

NPI: 1134144165

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

 Site English Spoken: Yes
Cultural Competency: Yes

 Hours: SU-SA 8AM-8PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO
COMMUNITY HEALTH
FOUNDATION

 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A10964

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 550002514

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A101773

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A101888

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

📍 875 EL CAJON BLVD
EL CAJON, CA 92020-5714

☎ Phone: 619-662-4100

🕒 After Hours Phone: 619-662-4100

License Number: A120584

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

📍 875 EL CAJON BLVD
EL CAJON, CA 92020-5714

☎ Phone: 619-662-4100

🕒 After Hours Phone: 619-662-4100

License Number: A127706

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

📍 875 EL CAJON BLVD
EL CAJON, CA 92020-5714

☎ Phone: 619-662-4100

🕒 After Hours Phone: 619-662-4100

License Number: A131365

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

📍 875 EL CAJON BLVD
EL CAJON, CA 92020-5714

☎ Phone: 619-662-4100

🕒 After Hours Phone: 619-662-4100

License Number: A134995

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A40473

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A47906

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A79338

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A87650

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A96002

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

📍 875 EL CAJON BLVD
EL CAJON, CA 92020-5714

☎ Phone: 619-662-4100

🕒 After Hours Phone: 619-662-4100

License Number: C144411

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

📍 875 EL CAJON BLVD
EL CAJON, CA 92020-5714

☎ Phone: 619-662-4100

🕒 After Hours Phone: 619-662-4100

License Number: G43179

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

📍 875 EL CAJON BLVD
EL CAJON, CA 92020-5714

☎ Phone: 619-662-4100

🕒 After Hours Phone: 619-662-4100

License Number: NP95009329

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

📍 875 EL CAJON BLVD
EL CAJON, CA 92020-5714

☎ Phone: 619-662-4100

🕒 After Hours Phone: 619-662-4100

License Number: NP95012943

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: PT40025

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: PT42665

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

ENCINITAS

TRUECARE

Provider ID: 480243

1130 2ND ST
ENCINITAS, CA
92024-5008

Phone: 760-736-6767

After Hours Phone:
760-736-6767

License Number: 20A17306

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

TRUECARE

Provider ID: 480243

1130 2ND ST
ENCINITAS, CA
92024-5008

Phone: 760-736-6767

After Hours Phone:
760-736-6767

License Number: DC29074

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

TRUECARE

Provider ID: 480243

1130 2ND ST
ENCINITAS, CA
92024-5008

Phone: 760-736-6767

After Hours Phone:
760-736-6767

License Number: NP21368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None



Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


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

TRUECARE

Provider ID: 480243

 1130 2ND ST
ENCINITAS, CA
92024-5008

 *Phone: 760-736-6767*


 *After Hours Phone:
760-736-6767*

License Number: PA19437

NPI: 1598122871

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

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: N/A*

TRUECARE

Provider ID: 480243

 1130 2ND ST
ENCINITAS, CA
92024-5008

 *Phone: 760-736-6767*


 *After Hours Phone:
760-736-6767*

License Number: PA22667

NPI: 1598122871

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

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: N/A*

TRUECARE

Provider ID: 480243

 1130 2ND ST
ENCINITAS, CA
92024-5008


 *Phone: 760-753-7842*


 *After Hours Phone:
760-753-7842*

License Number: A103940

NPI: 1598122871

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

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: N/A*

TRUECARE

Provider ID: 480243

 1130 2ND ST
ENCINITAS, CA
92024-5008

 *Phone: 760-753-7842*


 *After Hours Phone:
760-753-7842*

License Number: A116562

NPI: 1598122871

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

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: N/A*

TRUECARE

Provider ID: 480243

 1130 2ND ST
ENCINITAS, CA
92024-5008


 *Phone: 760-753-7842*


 *After Hours Phone:
760-753-7842*

License Number: C54157

NPI: 1598122871

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

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

TRUECARE

Provider ID: 480243
 1130 2ND ST
 ENCINITAS, CA
 92024-5008
 Phone: 760-753-7842
 Fax: 760-736-8740
 After Hours Phone:
 760-753-7842
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: N/A

TRUECARE

Provider ID: 480243
 1130 2ND ST
 ENCINITAS, CA
 92024-5008
 Phone: 760-753-7842
 Fax: 760-736-8740

After Hours Phone:
 760-753-7842
 License Number: 80000638
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: N/A

ESCONDIDO

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941
 704 E GRAND AVE
 ESCONDIDO, CA
 92025-4405
 Phone: 619-662-4100
 After Hours Phone:
 619-662-4100
 License Number: C171064
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N

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

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE



Provider ID: 588941
 704 E GRAND AVE
 ESCONDIDO, CA
 92025-4405
 Phone: 619-662-4100
 After Hours Phone:
 619-662-4100
 License Number: G58033
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: N/A

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE



Provider ID: 588941
 704 E GRAND AVE
 ESCONDIDO, CA
 92025-4405


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: NP95005999
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):


N
 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941



 704 E GRAND AVE
ESCONDIDO, CA
92025-4405

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: NP95006360
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):


N
 Accessibility: CONTACT


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

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941



 704 E GRAND AVE
ESCONDIDO, CA
92025-4405

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: PA20490
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):


N
 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE
ESCONDIDO, CA
92025-4405

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: PA52347
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):


N
 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941

 704 E GRAND AVE
ESCONDIDO, CA
92025-4405

 Phone: 619-662-4100

Fax: 619-662-7952

 After Hours Phone:
619-662-4100

NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

 426 N DATE ST
ESCONDIDO, CA
92025-3409

 Phone: 760-690-5900

 After Hours Phone:
760-690-5900

License Number: A56054


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

 426 N DATE ST
ESCONDIDO, CA
92025-3409

 Phone: 760-690-5900

 After Hours Phone:

760-690-5900

License Number: A62467


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No


 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

 426 N DATE ST
ESCONDIDO, CA
92025-3409

 Phone: 760-690-5900

 After Hours Phone:
760-690-5900

License Number: A67626


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 Website: N/A

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

 426 N DATE ST
ESCONDIDO, CA
92025-3409

 Phone: 760-690-5900

 After Hours Phone:
760-690-5900

License Number: G83438


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

 426 N DATE ST
ESCONDIDO, CA
92025-3409

 Phone: 760-690-5900

 After Hours Phone:
760-690-5900


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


License Number: NP4799
NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A


NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

 426 N DATE ST
ESCONDIDO, CA
92025-3409

 Phone: 760-690-5900


Fax: 360-462-2747

 After Hours Phone:
760-690-5900


NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA

 Website: N/A


NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL

Provider ID: 424775

 426 N DATE ST
ESCONDIDO, CA
92025-3409

 Phone: 760-690-5900

Fax: 360-462-2747


 After Hours Phone:
760-690-5900

License Number: 550000511

NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900

 After Hours Phone:


760-737-6900

License Number: A120348

NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900


 After Hours Phone:
760-737-6900

License Number: A139490

NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


SOUTHERN CALIFORNIA

 Website: N/A

**NEIGHBORHOOD
HEALTHCARE VALLEY
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900

 After Hours Phone:
760-737-6900


License Number: A140398

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

**NEIGHBORHOOD
HEALTHCARE VALLEY
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900


 After Hours Phone:
760-737-6900


License Number: A145349

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

**NEIGHBORHOOD
HEALTHCARE VALLEY
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900

 After Hours Phone:
760-737-6900


License Number: A161074

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA

 Website: N/A

**NEIGHBORHOOD
HEALTHCARE VALLEY
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900

 After Hours Phone:
760-737-6900

License Number: A94128

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

**NEIGHBORHOOD
HEALTHCARE VALLEY
PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900

 After Hours Phone:
760-737-6900


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


License Number: DPM5260
NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900


 After Hours Phone:
760-737-6900

License Number: G61829


NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No


 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 Website: N/A

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900


 After Hours Phone:
760-737-6900

License Number: NP8169

NPI: 1598122871

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


Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900

Fax: 360-462-2748


 After Hours Phone:

760-737-6900

NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA
92025-3052

 Phone: 760-737-6900

Fax: 360-462-2748


 After Hours Phone:
760-737-6900

License Number: 80000158

NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً


SOUTHERN CALIFORNIA


 Website: N/A

NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL

Provider ID: 206266

 425 N DATE ST
ESCONDIDO, CA
92025-3413

 Phone: 760-520-8340

 After Hours Phone:
760-520-8340


License Number: A56054

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL

Provider ID: 206266

 425 N DATE ST
ESCONDIDO, CA
92025-3413

 Phone: 760-520-8340


 After Hours Phone:
760-520-8340

License Number: A67626

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org


NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL

Provider ID: 206266

 425 N DATE ST
ESCONDIDO, CA
92025-3413

 Phone: 760-520-8340

Fax: 360-462-2752

 After Hours Phone:
760-520-8340

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100

License Number: 20A14292

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100

License Number: A107557

NPI: 1598122871

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدراليًا

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100

License Number: A109655


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org


NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100

License Number: A119661


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org


NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100

License Number: A120771


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100

License Number: A139490


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا




ESCONDIDO, CA
92025-3002
 Phone: 760-520-8100
 After Hours Phone:
760-520-8100
License Number: A152372
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO



Provider ID: 206270
 460 N ELM ST
ESCONDIDO, CA
92025-3002
 Phone: 760-520-8100
 After Hours Phone:
760-520-8100
License Number: A159727
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N



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

NEIGHBORHOOD HEALTHCARE ESCONDIDO




Provider ID: 206270
 460 N ELM ST
ESCONDIDO, CA
92025-3002
 Phone: 760-520-8100
 After Hours Phone:
760-520-8100
License Number: A45413
NPI: 1598122871





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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N







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

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270
 460 N ELM ST
ESCONDIDO, CA
92025-3002
 Phone: 760-520-8100
 After Hours Phone:

760-520-8100
License Number: A61751
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270
 460 N ELM ST
ESCONDIDO, CA
92025-3002
 Phone: 760-520-8100
 After Hours Phone:
760-520-8100
License Number: A78116
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100


License Number: A82173

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100


 After Hours Phone:
760-520-8100


License Number: A94128

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100


License Number: DC12036

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100


License Number: DC28605

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org


NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST
ESCONDIDO, CA
92025-3002

 Phone: 760-520-8100

 After Hours Phone:
760-520-8100

License Number: G61829

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No
 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
 N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST
 ESCONDIDO, CA
 92025-3002

Phone: 760-520-8100

Fax: 360-466-2745

After Hours Phone:
 760-520-8100

NPI: 1598122871

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

Site English Spoken: Yes
 Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
 N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

460 N ELM ST

ESCONDIDO, CA
 92025-3002

Phone: 760-520-8100
 Fax: 360-466-2745

After Hours Phone:
 760-520-8100

License Number: 80000397

NPI: 1598122871

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

Site English Spoken: Yes
 Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
 N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE
 ESCONDIDO, CA
 92025-4604

Phone: 760-520-8200

After Hours Phone:
 760-520-8200

License Number: A101773

NPI: 1598122871

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

Site English Spoken: Yes
 Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE
 ESCONDIDO, CA
 92025-4604

Phone: 760-520-8200

After Hours Phone:
 760-520-8200

License Number: A161074

NPI: 1598122871

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

Site English Spoken: Yes
 Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
 N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE
 ESCONDIDO, CA
 92025-4604

Phone: 760-520-8200

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

☎ *After Hours Phone:*
760-520-8200
License Number: A94128
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ *Site English Spoken:* Yes
Cultural Competency: No
🕒 *Hours:* SU-SA 8AM-5PM
American Sign Language (ASL):
N
♿ *Accessibility:* CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
🌐 *Website:* www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE GRAND AVE

Provider ID: 206269
📍 1001 E GRAND AVE
ESCONDIDO, CA
92025-4604
☎ *Phone:* 760-520-8200
☎ *After Hours Phone:*
760-520-8200
License Number: PA51508
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ *Site English Spoken:* Yes
Cultural Competency: No
🕒 *Hours:* SU-SA 8AM-5PM
American Sign Language (ASL):
N
♿ *Accessibility:* CONTACT
PROVIDER
Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA
🌐 *Website:* www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE GRAND AVE

Provider ID: 206269
📍 1001 E GRAND AVE
ESCONDIDO, CA
92025-4604
☎ *Phone:* 760-520-8200
Fax: 360-462-2749
☎ *After Hours Phone:*
760-520-8200
NPI: 1598122871

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

☑ *Site English Spoken:* Yes
Cultural Competency: No
🕒 *Hours:* SU-SA 8AM-5PM
American Sign Language (ASL):
N
♿ *Accessibility:* CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
🌐 *Website:* www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE GRAND AVE

Provider ID: 206269
📍 1001 E GRAND AVE
ESCONDIDO, CA
92025-4604
☎ *Phone:* 760-520-8200
Fax: 360-462-2749
☎ *After Hours Phone:*
760-520-8200
License Number: 550000697

NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ *Site English Spoken:* Yes
Cultural Competency: No
🕒 *Hours:* SU-SA 8AM-5PM
American Sign Language (ASL):
N
♿ *Accessibility:* CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
🌐 *Website:* www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE GRAND AVE


Provider ID: 206269
📍 1001 E GRAND AVE
ESCONDIDO, CA
92025-4604
☎ *Phone:* 760-520-8200
Fax: 360-462-2749
☎ *After Hours Phone:*
760-520-8200
License Number: 80000397
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ *Site English Spoken:* Yes
Cultural Competency: No
🕒 *Hours:* SU-SA 8AM-5PM
American Sign Language (ASL):
N
♿ *Accessibility:* CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Website: www.ihpsocal.org


NEIGHBORHOOD HEALTHCARE GRAND AVE

Provider ID: 206269

 1001 E GRAND AVE
ESCONDIDO, CA
92025-4604

 Phone: 760-520-8200

Fax: 360-462-2749

 After Hours Phone:
760-520-8200

License Number: 80000483


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

FALLBROOK

FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

 1328 S MISSION RD
FALLBROOK, CA
92028-4006

 Phone: 760-451-4720

Fax: 760-451-4700


 After Hours Phone:
760-451-4720

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A


FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

 1328 S MISSION RD
FALLBROOK, CA
92028-4006

 Phone: 760-451-4720

Fax: 760-451-4700

 After Hours Phone:
760-451-4720


License Number: 80000150

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

 1328 S MISSION RD
FALLBROOK, CA
92028-4006

 Phone: 760-451-4770

 After Hours Phone:
760-451-4770


License Number: A169529

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

VISTA COMMUNITY CLINIC

Provider ID: 624122



 321 E ALVARADO ST
FALLBROOK, CA
92028-2912

 Phone: 760-723-6200

 After Hours Phone:




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



B. العيادات الصحية المؤهلة فيدرالياً

760-723-6200
License Number: NP95003447
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.vistacommunityclinic.org




IMPERIAL BEACH

IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678
 949 PALM AVE
IMPERIAL BEACH, CA
91932-1503
 Phone: 619-429-3733
 After Hours Phone:
619-429-3733
License Number: A51447
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish, Tagalog
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N



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

IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678
 949 PALM AVE
IMPERIAL BEACH, CA
91932-1503
 Phone: 619-429-3733
 After Hours Phone:
619-429-3733
License Number: A66830
NPI: 1598122871

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





Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish, Tagalog
Cultural Competency: No
🕒 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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





LA MESA

LA MESA PEDIATRICS

Provider ID: 480827
 8881 FLETCHER PKWY STE
200
LA MESA, CA 91942-3135

 Phone: 619-464-6434
 After Hours Phone:
619-464-6434
License Number: NP95017921
NPI: 1134144165
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: BORREGO COMMUNITY HEALTH FOUNDATION
 Website: N/A

LA MESA PEDIATRICS

Provider ID: 480827
 8881 FLETCHER PKWY STE
200
LA MESA, CA 91942-3135
 Phone: 619-464-6434
Fax: 619-464-5109
 After Hours Phone:
619-464-6434
NPI: 1134144165
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Medical Group/IPA: BORREGO
COMMUNITY HEALTH
FOUNDTION


 Website: N/A

LA MESA PEDIATRICS


Provider ID: 480827

 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:
619-464-6434

License Number: 20A11733


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION


 Website: N/A

LA MESA PEDIATRICS

Provider ID: 480827

 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:

619-464-6434

License Number: 550000430


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: Yes

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION


 Website: N/A

LA MESA PEDIATRICS


Provider ID: 480827

 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:
619-464-6434

License Number: A113241


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH
FOUNDTION


 Website: N/A

LA MESA PEDIATRICS


Provider ID: 480827

 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:
619-464-6434

License Number: A89865


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION


 Website: N/A

LA MESA PEDIATRICS


Provider ID: 480827

 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:
619-464-6434

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

License Number: C133872

NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH

FOUNDTION

Website: N/A

LAKESIDE

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone: 858-218-3000

License Number: A152372

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone: 858-218-3000

License Number: A43914

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone: 858-218-3000

License Number: A75411

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone:

858-218-3000

License Number: DC33688

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org







NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843







10039 VINE ST

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LAKESIDE, CA 92040-3120
 Phone: 858-218-3000
 Fax: 360-462-2744
 After Hours Phone:
 858-218-3000
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: IHP OF
 SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

NEIGHBORHOOD








HEALTHCARE LAKESIDE

Provider ID: 353843
 10039 VINE ST
 LAKESIDE, CA 92040-3120
 Phone: 858-218-3000
 Fax: 360-462-2744
 After Hours Phone:
 858-218-3000
 License Number: 80000483
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT


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







LEMON GROVE

LEMON GROVE FAMILY HEALTH CENTER




Provider ID: 419139
 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604
 Phone: 619-515-2500
 After Hours Phone:
 619-515-2500
 License Number: G78814
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604

 Phone: 619-515-2550
 After Hours Phone:
 619-515-2550
 License Number: 20A11535
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604
 Phone: 619-515-2550
 After Hours Phone:
 619-515-2550
 License Number: 20A14919
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604
 Phone: 619-515-2550
 After Hours Phone:
 619-515-2550
 License Number: A102060
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

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

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

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604
 Phone: 619-515-2550
 After Hours Phone:
 619-515-2550
 License Number: A108228
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

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

LEMON GROVE FAMILY HEALTH CENTER





Provider ID: 419139
 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604
 Phone: 619-515-2550
 After Hours Phone:
 619-515-2550
 License Number: A113001
 NPI: 1134155377
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO
 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER







Provider ID: 419139
 7592 BROADWAY
 LEMON GROVE, CA
 91945-1604
 Phone: 619-515-2550
 After Hours Phone:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





B. العيادات الصحية المؤهلة فيدراليًا



619-515-2550
License Number: A114181
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 Website: N/A


LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
LEMON GROVE, CA
91945-1604
 Phone: 619-515-2550
 After Hours Phone:
619-515-2550
License Number: A116680
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN DIEGO




 Website: N/A
LEMON GROVE FAMILY HEALTH CENTER
Provider ID: 419139
 7592 BROADWAY
LEMON GROVE, CA
91945-1604
 Phone: 619-515-2550
 After Hours Phone:
619-515-2550
License Number: A118095
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None





 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N

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







 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
LEMON GROVE, CA
91945-1604
 Phone: 619-515-2550
 After Hours Phone:
619-515-2550

License Number: A148014
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
LEMON GROVE, CA
91945-1604
 Phone: 619-515-2550
 After Hours Phone:
619-515-2550
License Number: A154298
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً


HEALTH CENTERS OF SAN DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550

License Number: A154838

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550


 After Hours Phone:
619-515-2550


License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):


N
 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550


License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550

License Number: A165925

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139



 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550





 After Hours Phone:
619-515-2550

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

License Number: A178499
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
LEMON GROVE, CA
91945-1604
 Phone: 619-515-2550
 After Hours Phone:
619-515-2550
License Number: A68463
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
LEMON GROVE, CA
91945-1604
 Phone: 619-515-2550
 After Hours Phone:
619-515-2550
License Number: A72005
NPI: 1134155377




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



Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

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




 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
LEMON GROVE, CA
91945-1604
 Phone: 619-515-2550
 After Hours Phone:
619-515-2550


License Number: C172318
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139
 7592 BROADWAY
LEMON GROVE, CA
91945-1604
 Phone: 619-515-2550
 After Hours Phone:
619-515-2550
License Number: C174771
NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً


HEALTH CENTERS OF SAN DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550

License Number: NP15444

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550


License Number: NP95001050

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):


N
 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550


License Number: NP95008782

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550

License Number: NP95009933

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

License Number: NP95013978
NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550


 After Hours Phone:
619-515-2550

License Number: PA12416


NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN
DIEGO


 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550


 After Hours Phone:
619-515-2550

License Number: PA56072

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604


 Phone: 619-515-2550

 After Hours Phone:
619-515-2550

License Number: RN428876
NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: N/A


LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550


Fax: 619-825-9577

 After Hours Phone:
619-515-2550

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

HEALTH CENTERS OF SAN DIEGO

Website: N/A

LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

7592 BROADWAY
LEMON GROVE, CA
91945-1604

Phone: 619-515-2550

Fax: 619-825-9577

After Hours Phone:
619-515-2550

License Number: 550001268

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: N/A

NATIONAL CITY

OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410

Phone: 844-200-2426

After Hours Phone:
844-200-2426

License Number: NP95000203

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

Hours: SU-SA 8AM-6PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsa
mahan.org

OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410

Phone: 844-200-2426

Fax: 619-474-3919

After Hours Phone:
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

Hours: SU-SA 8AM-6PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsa
mahan.org

OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410

Phone: 844-200-2426

Fax: 619-474-3919

After Hours Phone:
844-200-2426

License Number: 90000183

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

Hours: SU-SA 8AM-6PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsa
mahan.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302

2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208

Phone: 844-200-2426

After Hours Phone:
844-200-2426

License Number: NP95000203

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302

2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208

Phone: 844-200-2426

Fax: 619-434-8999

After Hours Phone:
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302

2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208

Phone: 844-200-2426

Fax: 619-434-8999

After Hours Phone:
844-200-2426

License Number: 550002622

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

Phone: 619-515-2399

After Hours Phone:
619-515-2399

License Number: 20A18460

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA
8:30AM-3:30PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN

DIEGO

Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

Phone: 619-515-2399

After Hours Phone:

619-515-2399

License Number: A163862

NPI: 1134155377

Accepting New Patients: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA
8:30AM-3:30PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

Phone: 619-515-2399

After Hours Phone:
619-515-2399

License Number: A176878

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA
8:30AM-3:30PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

Phone: 619-515-2399

After Hours Phone:
619-515-2399

License Number: NP95010663

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA
8:30AM-3:30PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

Phone: 619-515-2399

After Hours Phone:
619-515-2399

License Number: PA55660

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA
8:30AM-3:30PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

Phone: 619-515-2399

Fax: 619-269-0053

After Hours Phone:
619-515-2399

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA
8:30AM-3:30PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856

Phone: 619-515-2399

Fax: 619-269-0053

After Hours Phone:
619-515-2399

License Number: 550000465

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA
8:30AM-3:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410

Phone: 844-200-2426

After Hours Phone:
844-200-2426

License Number: A74777

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

Hours: SU-SA 8AM-6PM

American Sign Language (ASL):

N
Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102

2743 HIGHLAND AVE
NATIONAL CITY, CA
91950-7410

Phone: 844-200-2426

After Hours Phone:
844-200-2426

License Number: NP22974

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

Hours: SU-SA 8AM-6PM

American Sign Language (ASL):

N
Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518

Phone: 619-280-4213

After Hours Phone:
619-280-4213

License Number: A167184

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N
Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

217 HIGHLAND AVE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

NATIONAL CITY, CA
91950-1518
☎ Phone: 619-434-7308
📞 After Hours Phone:
619-434-7308
License Number: 20A6433
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC
🌐 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270
📍 217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
☎ Phone: 619-434-7308
📞 After Hours Phone:
619-434-7308
License Number: A123929
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC
🌐 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270
📍 217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
☎ Phone: 619-434-7308
📞 After Hours Phone:
619-434-7308
License Number: C55979
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None

☑ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC
🌐 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270
📍 217 HIGHLAND AVE
NATIONAL CITY, CA





























91950-1518
☎ Phone: 619-434-7308
📞 After Hours Phone:
619-434-7308
License Number: G45632
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC
🌐 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270
📍 217 HIGHLAND AVE
NATIONAL CITY, CA
91950-1518
☎ Phone: 619-434-7308
Fax: 619-434-7310
📞 After Hours Phone:
619-434-7308
License Number: NP95013257
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً







<p>N  <i>Accessibility: CONTACT PROVIDER</i> Medical Group/IPA: LA MAESTRA FAMILY CLINIC  <i>Website: www.lamaestra.org</i></p>	<p>91950-1518  <i>Phone: 619-798-3977</i>  <i>After Hours Phone: 619-798-3977</i> License Number: A41375 NPI: 1609849074 Accepting New Patients: Yes Min/Max Age: 0\None</p>	<p> <i>Accessibility: CONTACT PROVIDER</i> Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  <i>Website: www.ihpsocal.org</i></p>
<p>LA MAESTRA FAMILY CLINIC INC Provider ID: 185270  217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518  <i>Phone: 619-564-8765</i>  <i>After Hours Phone: 619-564-8765</i> License Number: NP95009891 NPI: 1609849074</p>	<p> <i>Site English Spoken: Yes</i> Cultural Competency: No  <i>Hours: SU-SA 9AM-5PM</i> American Sign Language (ASL): N  <i>Accessibility: CONTACT PROVIDER</i> Medical Group/IPA: LA MAESTRA FAMILY CLINIC  <i>Website: www.lamaestra.org</i></p>	<p>SAN YSIDRO HEALTH SOUTH BAY Provider ID: 361428  330 E 8TH ST NATIONAL CITY, CA 91950-2312  <i>Phone: 619-662-4100</i>  <i>After Hours Phone: 619-662-4100</i> License Number: A133539 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None</p>
<p> <i>Site English Spoken: Yes</i> Cultural Competency: No  <i>Hours: SU-SA 9AM-5PM</i> American Sign Language (ASL): N  <i>Accessibility: CONTACT PROVIDER</i> Medical Group/IPA: LA MAESTRA FAMILY CLINIC  <i>Website: www.lamaestra.org</i></p>	<p>SAN YSIDRO HEALTH SOUTH BAY Provider ID: 361428  330 E 8TH ST NATIONAL CITY, CA 91950-2312  <i>Phone: 619-662-4100</i>  <i>After Hours Phone: 619-662-4100</i> License Number: 20A12653 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None</p>	<p> <i>Site English Spoken: Yes</i> Cultural Competency: No  <i>Hours: SU-SA 8AM-5PM</i> American Sign Language (ASL): N  <i>Accessibility: CONTACT PROVIDER</i> Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  <i>Website: www.ihpsocal.org</i></p>
<p>LA MAESTRA FAMILY CLINIC INC Provider ID: 185270  217 HIGHLAND AVE NATIONAL CITY, CA</p>	<p> <i>Site English Spoken: Yes</i> Cultural Competency: No  <i>Hours: SU-SA 8AM-5PM</i> American Sign Language (ASL): N</p>	<p>SAN YSIDRO HEALTH SOUTH BAY Provider ID: 361428  330 E 8TH ST NATIONAL CITY, CA 91950-2312  <i>Phone: 619-662-4100</i>  <i>After Hours Phone:</i></p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا








619-662-4100
License Number: G71855
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SOUTH BAY




Provider ID: 361428
 330 E 8TH ST
NATIONAL CITY, CA
91950-2312
 Phone: 619-662-4100
Fax: 619-259-2807
 After Hours Phone:
619-662-4100
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA





 Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY








Provider ID: 227412
 1136 D AVE
NATIONAL CITY, CA
91950-3412
 Phone: 619-336-2300
 After Hours Phone:
619-336-2300
License Number: A78373
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412
 1136 D AVE
NATIONAL CITY, CA
91950-3412
 Phone: 619-428-4463
 After Hours Phone:
619-428-4463
License Number: G71855
NPI: 1598122871
Accepting New Patients: Yes

Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412
 1136 D AVE
NATIONAL CITY, CA
91950-3412
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A103218
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

1136 D AVE
NATIONAL CITY, CA
91950-3412

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A138919

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

1136 D AVE
NATIONAL CITY, CA
91950-3412

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A165184

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

1136 D AVE
NATIONAL CITY, CA
91950-3412

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: C55180

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

1136 D AVE

NATIONAL CITY, CA
91950-3412

Phone: 619-662-4100

Fax: 619-336-2323

After Hours Phone:
619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

1136 D AVE
NATIONAL CITY, CA
91950-3412

Phone: 619-662-4100

Fax: 619-336-2323

After Hours Phone:
619-662-4100

License Number: A112571

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM




American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً

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

SAN YSIDRO HEALTH NATIONAL CITY


Provider ID: 227412
 1136 D AVE
NATIONAL CITY, CA 91950-3412
 Phone: 619-662-4100
Fax: 619-474-3722
 After Hours Phone: 619-662-4100
License Number: A55469
NPI: 1598122871




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



Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

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




SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412
 1136 D AVE
NATIONAL CITY, CA 91950-3412


 Phone: 619-662-4100
Fax: 619-474-3722
 After Hours Phone: 619-662-4100
License Number: G46444
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

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

SAN YSIDRO HEALTH PARADISE HILLS




Provider ID: 227418
 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950-2956
 Phone: 619-662-4100
 After Hours Phone: 619-662-4100

License Number: A118227
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None


Site English Spoken: Yes
 Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

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

SAN YSIDRO HEALTH PARADISE HILLS


Provider ID: 227418
 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950-2956
 Phone: 619-662-4100
 After Hours Phone: 619-662-4100
License Number: A138534
NPI: 1598122871

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

Site English Spoken: Yes
 Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):






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

SAN YSIDRO HEALTH PARADISE HILLS




Provider ID: 227418
 2400 E 8TH ST STE A
NATIONAL CITY, CA




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً




91950-2956
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A146819
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Tagalog, Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org




SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418
 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A157488
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Tagalog, Spanish
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org







SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418
 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A167529
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None




Site English Spoken: Yes
 Site Languages(s) Spoken:
Tagalog, Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH PARADISE HILLS





Provider ID: 227418

 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: G88347
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Tagalog, Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org









SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418
 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956
 Phone: 619-662-4100
Fax: 619-259-2806
 After Hours Phone:
619-662-4100
License Number: 20A11518
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes









اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Site Languages(s) Spoken: Tagalog, Spanish
 Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org



SAN YSIDRO HEALTH PARADISE HILLS






Provider ID: 227418
 2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956
 Phone: 619-662-4100
 Fax: 619-259-2807
 After Hours Phone: 619-662-4100
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken: Tagalog, Spanish
 Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418
 2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956
 Phone: 619-662-4100
 Fax: 619-259-2807
 After Hours Phone: 619-662-4100
 License Number: A113624
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken: Tagalog, Spanish
 Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org








SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418
 2400 E 8TH ST STE A NATIONAL CITY, CA 91950-2956
 Phone: 619-662-4100
 Fax: 619-259-2807
 After Hours Phone: 619-662-4100
 License Number: A71304

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

OCEANSIDE

TRUECARE

Provider ID: 296476
 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415
 Phone: 760-757-4566
 After Hours Phone: 760-757-4566
 License Number: C152937
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken: Spanish
 Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


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


TRUECARE

Provider ID: 296476
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 Phone: 760-757-4566
 After Hours Phone:
760-757-4566
License Number: PA22667
NPI: 1598122871

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

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




Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 Phone: 760-757-4566
 After Hours Phone:
760-757-4566
License Number: PA53036

NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

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



Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

TRUECARE


Provider ID: 296476
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 Phone: 760-757-4566
Fax: 760-736-8740

 After Hours Phone:
760-757-4566

NPI: 1598122871

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

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




Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 Phone: 760-757-4566
Fax: 760-736-8740
 After Hours Phone:
760-757-4566
License Number: 80000240
NPI: 1598122871

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

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




Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 Phone: 760-757-4566
Fax: 760-757-3004
 After Hours Phone:
760-757-4566

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

License Number: A66289

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296477

📍 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415

☎ Phone: 760-757-4566

Fax: 760-757-3004

🕒 After Hours Phone: 760-757-4566

License Number: A116562

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296478

📍 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415

☎ Phone: 760-757-4566

🕒 After Hours Phone: 760-757-4566

License Number: NP21368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296479

📍 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415

☎ Phone: 760-757-4566

🕒 After Hours Phone: 760-757-4566

License Number: A64435

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476

📍 605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415

☎ Phone: 760-736-6767

🕒 After Hours Phone: 760-736-6767

License Number: 20A7241

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

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

TRUECARE

Provider ID: 296476
605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
Phone: 760-736-6767
After Hours Phone:
760-736-6767
License Number: A131678
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish
Cultural Competency: No
Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476
605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
Phone: 760-736-6767
After Hours Phone:
760-736-6767
License Number: NP95012681

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

TRUECARE

Provider ID: 296476
605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
Phone: 760-736-6767
After Hours Phone:
760-736-6767
License Number: NP95013879
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish
Cultural Competency: No
Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476
605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
Phone: 760-757-4566
After Hours Phone:
760-757-4566
License Number: 20A15689
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish
Cultural Competency: No
Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436
517 N HORNE ST
OCEANSIDE, CA
92054-2518
Phone: 760-631-5000
After Hours Phone:
760-631-5000
License Number: 20A17371

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436

 517 N HORNE ST
OCEANSIDE, CA
92054-2518

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: NP95006826


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A


VISTA COMMUNITY CLINIC

HORNE STREET

Provider ID: 402436

 517 N HORNE ST
OCEANSIDE, CA
92054-2518

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: NP95007885


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

VISTA COMMUNITY CLINIC

HORNE STREET

Provider ID: 402436

 517 N HORNE ST
OCEANSIDE, CA
92054-2518

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:
760-631-5000


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: N/A

VISTA COMMUNITY CLINIC


HORNE STREET

Provider ID: 402436

 517 N HORNE ST
OCEANSIDE, CA
92054-2518

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:
760-631-5000

License Number: 80000745


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: Yes

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A







TRUECARE

Provider ID: 480315







 3220 MISSION AVE STE 1

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


OCEANSIDE, CA
92058-1354
 Phone: 760-433-3155
 After Hours Phone:
760-433-3155
License Number: PA19825
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: N/A





TRUECARE

Provider ID: 480315
 3220 MISSION AVE STE 1
OCEANSIDE, CA
92058-1354
 Phone: 760-433-3155
 After Hours Phone:
760-433-3155
License Number: PA53036
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT



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





TRUECARE

Provider ID: 480315
 3220 MISSION AVE STE 1
OCEANSIDE, CA
92058-1354
 Phone: 760-433-3155
Fax: 760-736-8740
 After Hours Phone:
760-433-3155
NPI: 1598122871








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

TRUECARE

Provider ID: 480315
 3220 MISSION AVE STE 1
OCEANSIDE, CA
92058-1354
 Phone: 760-433-3155
Fax: 760-736-8740
 After Hours Phone:
760-433-3155
License Number: 80000240

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

TRUECARE

Provider ID: 480315
 3220 MISSION AVE STE 1
OCEANSIDE, CA
92058-1354
 Phone: 760-736-6767
 After Hours Phone:
760-736-6767
License Number: NP21368
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

TRUECARE

Provider ID: 480315

3220 MISSION AVE STE 1
OCEANSIDE, CA
92058-1354

Phone: 760-891-4667

After Hours Phone:
760-891-4667

License Number: A131678

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD
OCEANSIDE, CA 2057-6043

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: 20A18374

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD
OCEANSIDE, CA 2057-6043

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: 20A8949

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD
OCEANSIDE, CA 2057-6043

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: A149340

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD
OCEANSIDE, CA 2057-6043

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: NP95003571

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD
OCEANSIDE, CA 2057-6043

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: NP95009284

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD
OCEANSIDE, CA 2057-6043

Phone: 760-631-5000

Fax: 760-414-3731

After Hours Phone:
760-631-5000

License Number: A130883

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD
OCEANSIDE, CA
92057-6043

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: NP95016368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

PIER VIEW WAY

Provider ID: 402434

818 PIER VIEW WAY

OCEANSIDE, CA

92054-2803

Phone: 760-631-5000

Fax: 760-414-3892

After Hours Phone:
760-631-5000

License Number: 80000510

NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: Yes

Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

PIER VIEW WAY

Provider ID: 402434

818 PIER VIEW WAY
OCEANSIDE, CA
92054-2803

Phone: 760-631-5000

Fax: 760-414-3892

After Hours Phone:
760-631-5000



NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No




Hours: SU-SA 8AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





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

PAUMA VALLEY




NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

Provider ID: 206267
 16650 HIGHWAY 76
 PAUMA VALLEY, CA
 92061-9524
 Phone: 760-742-9919
 After Hours Phone:
 760-742-9919
 License Number: A114419
 NPI: 1598122871

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

 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-4:30PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE PAUMA VALLEY
 Provider ID: 206267

 16650 HIGHWAY 76
 PAUMA VALLEY, CA
 92061-9524
 Phone: 760-742-9919
 After Hours Phone:
 760-742-9919
 License Number: G61829
 NPI: 1598122871



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

 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-4:30PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE PAUMA VALLEY




Provider ID: 206267
 16650 HIGHWAY 76
 PAUMA VALLEY, CA
 92061-9524
 Phone: 760-742-9919
 Fax: 858-633-4696
 After Hours Phone:
 760-742-9919
 NPI: 1598122871

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

 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-4:30PM
 American Sign Language (ASL):

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

NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

Provider ID: 206267
 16650 HIGHWAY 76
 PAUMA VALLEY, CA
 92061-9524
 Phone: 760-742-9919
 Fax: 858-633-4696
 After Hours Phone:
 760-742-9919
 License Number: 80000611
 NPI: 1598122871

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



 Site English Spoken: Yes
 Cultural Competency: No
 Hours: SU-SA 8AM-4:30PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

POWAY

NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER
 Provider ID: 481187

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


 13010 POWAY RD
POWAY, CA 92064-4520
 Phone: 858-218-3000
 After Hours Phone:
858-218-3000


License Number: A119661

NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N




 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187


 13010 POWAY RD
POWAY, CA 92064-4520
 Phone: 858-218-3000
 After Hours Phone:
858-218-3000


License Number: A120771

NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N




 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

 13010 POWAY RD
POWAY, CA 92064-4520
 Phone: 858-218-3000
 After Hours Phone:
858-218-3000

License Number: PA23310

NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER


Provider ID: 481187

 13010 POWAY RD
POWAY, CA 92064-4520
 Phone: 858-218-3000
Fax: 360-462-2742

 After Hours Phone:
858-218-3000

NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N




 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER


Provider ID: 481187


 13010 POWAY RD
POWAY, CA 92064-4520
 Phone: 858-218-3000
Fax: 360-462-2742
 After Hours Phone:
858-218-3000

License Number: 550004321

NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No


 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SOUTHERN CALIFORNIA

 Website: N/A

SAN DIEGO

SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE



Provider ID: 517403

 316 25TH ST
SAN DIEGO, CA 92102-3016
 Phone: 619-238-5551
 After Hours Phone:
619-238-5551

License Number: A97270

NPI: 1598122871

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

 Site English Spoken: yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE



Provider ID: 517403



 316 25TH ST
SAN DIEGO, CA 92102-3016
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100

License Number: A156607

NPI: 1598122871


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

 Site English Spoken: yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

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

SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE



Provider ID: 517403

 316 25TH ST
SAN DIEGO, CA 92102-3016
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100

License Number: NP20849

NPI: 1598122871

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

 Site English Spoken: yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A

SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE



Provider ID: 517403


 316 25TH ST
SAN DIEGO, CA 92102-3016
 Phone: 619-662-4100
Fax: 619-238-3807

 After Hours Phone:
619-662-4100

NPI: 1598122871

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

 Site English Spoken: yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

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

 Website: N/A

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

 4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403
 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

📍 4690 EL CAJON BLVD
SAN DIEGO, CA 92115-4403

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: 20A7502

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

📍 4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: 550003882

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED

Provider ID: 517998

📍 4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: NP95005999

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

📍 1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

☎ Phone: 619-233-8500

🕒 After Hours Phone:
619-233-8500

License Number: A104052

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

📍 1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

☎ Phone: 619-233-8500

🕒 After Hours Phone:
619-233-8500

License Number: A109828

NPI: 1598122871

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

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

Site English Spoken: yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

Phone: 619-233-8500

After Hours Phone:
619-233-8500

License Number: A115598

NPI: 1598122871

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

Site English Spoken: yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

Phone: 619-233-8500

After Hours Phone:
619-233-8500

License Number: A136275

NPI: 1598122871

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

Site English Spoken: yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

Phone: 619-233-8500

After Hours Phone:
619-233-8500

License Number: A42127

NPI: 1598122871

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

Site English Spoken: yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

Phone: 619-233-8500

After Hours Phone:
619-233-8500

License Number: A54702

NPI: 1598122871

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

Site English Spoken: yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583





1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

Phone: 619-233-8500







After Hours Phone:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




B. العيادات الصحية المؤهلة فيدراليًا



619-233-8500
 License Number: A60801
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: yes
 Cultural Competency: No
 Hours: SU-SA 8AM-5:30PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: N/A



ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583
 1501 IMPERIAL AVE
 SAN DIEGO, CA 92101-7638
 Phone: 619-233-8500
 After Hours Phone:
 619-233-8500
 License Number: A67762
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: yes
 Cultural Competency: No
 Hours: SU-SA 8AM-5:30PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: N/A
ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER


Provider ID: 403583
 1501 IMPERIAL AVE
 SAN DIEGO, CA 92101-7638
 Phone: 619-233-8500
 After Hours Phone:
 619-233-8500
 License Number: A82123
 NPI: 1598122871




Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: yes
 Cultural Competency: No
 Hours: SU-SA 8AM-5:30PM
 American Sign Language (ASL):
 N

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

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER



Provider ID: 403583
 1501 IMPERIAL AVE
 SAN DIEGO, CA 92101-7638
 Phone: 619-233-8500
 After Hours Phone:
 619-233-8500
 License Number: C53121
 NPI: 1598122871



Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: yes

Cultural Competency: No
 Hours: SU-SA 8AM-5:30PM
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: N/A


ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583
 1501 IMPERIAL AVE
 SAN DIEGO, CA 92101-7638
 Phone: 619-233-8500
 After Hours Phone:
 619-233-8500

License Number: G29879
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None
 Site English Spoken: yes
 Cultural Competency: No
 Hours: SU-SA 8AM-5:30PM
 American Sign Language (ASL):
 N


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

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583
 1501 IMPERIAL AVE
 SAN DIEGO, CA 92101-7638

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

 Phone: 619-233-8500

 After Hours Phone:
619-233-8500

License Number: G71080

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes
Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:
619-233-8500

License Number: G72486

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes
Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA

 Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500


 After Hours Phone:
619-233-8500

License Number: NP10769

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes
Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:
619-233-8500


License Number: PA54617

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes
Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: N/A

NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

 1016 OUTER RD
SAN DIEGO, CA 92154-1351

 Phone: 619-429-3733

 After Hours Phone:
619-429-3733


License Number: A112781

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ibclinic.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

1016 OUTER RD
SAN DIEGO, CA 92154-1351

Phone: 619-429-3733

After Hours Phone:
619-429-3733

License Number: A165398

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ibclinic.org

NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

1016 OUTER RD
SAN DIEGO, CA 92154-1351

Phone: 619-429-3733

After Hours Phone:
619-429-3733

License Number: NP22031

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ibclinic.org

NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

1016 OUTER RD
SAN DIEGO, CA 92154-1351

Phone: 619-429-3733

Fax: 619-628-5550

After Hours Phone:
619-429-3733

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ibclinic.org

NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

1016 OUTER RD
SAN DIEGO, CA 92154-1351

Phone: 619-429-3733

Fax: 619-628-5550

After Hours Phone:
619-429-3733

License Number: 550001474

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ibclinic.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

Phone: 619-428-4463

After Hours Phone:
619-428-4463

License Number: G71855

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً



 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org


KING CHAVEZ HEALTH CENTER

Provider ID: 451167
 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100


License Number: 20A7435
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N



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



KING CHAVEZ HEALTH CENTER

Provider ID: 451167
 950 S EUCLID AVE




SAN DIEGO, CA 92114-6201
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: 20A8204
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N



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

KING CHAVEZ HEALTH CENTER

Provider ID: 451167
 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100

License Number: A101017
NPI: 1598122871




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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER



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



KING CHAVEZ HEALTH CENTER

Provider ID: 451167
 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100




License Number: A125329
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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

KING CHAVEZ HEALTH CENTER

Provider ID: 451167
 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100

License Number: A134995
NPI: 1598122871


Accepting New Patients: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: A153223

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: A165432

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: A45942

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: A79383

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A96919

NPI: 1598122871

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

📍 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: DC27523

NPI: 1598122871

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

📍 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: NP15657

NPI: 1598122871

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

📍 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: NP8563

NPI: 1598122871

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

📍 950 S EUCLID AVE
SAN DIEGO, CA 92114-6201

☎ Phone: 619-662-4100

Fax: 619-662-4158

🕒 After Hours Phone:
619-662-4100

NPI: 1598122871

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

619-515-2300
License Number: 20A11535
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
☎ Phone: 619-515-2300
🕒 After Hours Phone:
619-515-2300
License Number: 20A12653
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
☑ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY

HEALTH CENTERS OF SAN
DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
☎ Phone: 619-515-2300
🕒 After Hours Phone:
619-515-2300

License Number: 20A12732
NPI: 1134155377

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

☑ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N

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

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
☎ Phone: 619-515-2300
🕒 After Hours Phone:
619-515-2300

License Number: 20A14919
NPI: 1134155377

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

☑ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N

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

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
☎ Phone: 619-515-2300
🕒 After Hours Phone:
619-515-2300

License Number: 20A15743
NPI: 1134155377

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

☑ Site English Spoken: Yes
Cultural Competency: No
🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N

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

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: 20A17072

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: 20A17478

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A103099

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A108228

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A113001

NPI: 1134155377

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

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: A120043

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A121451

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A122238

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A136616

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A142703

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A146111

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: A146838

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: A147939

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: A151631

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A160489

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A163183

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A163978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone:
619-515-2300

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone:
619-515-2300

License Number: A164889

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone:
619-515-2300

License Number: A169752

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone:
619-515-2300

License Number: A177373

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A177462

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A181809

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A46161

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A61687




NPI: 1134155377

Accepting New Patients: Yes





Min/Max Age: 0\None

Site English Spoken: Yes





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*


LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A68124
NPI: 1134155377

Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A68463
NPI: 1134155377





Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A71671
NPI: 1134155377

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

Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER
Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A72005
NPI: 1134155377

Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A77126

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A80504

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A93385

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: A95577

NPI: 1134155377

Accepting New Patients: Yes




Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*


LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A97036
NPI: 1134155377

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

 *Site English Spoken: Yes*
Cultural Competency: No




 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*


LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: C174771
NPI: 1134155377

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

 *Site English Spoken: Yes*
Cultural Competency: No




 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO



 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: DPM4819
NPI: 1134155377

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

 *Site English Spoken: Yes*


Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: DPM5661
NPI: 1134155377

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

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: G81658

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: NM792

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: NP10906

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: NP11778

NPI: 1134155377

Accepting New Patients: Yes




Min/Max Age: 0\None





Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*



LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: NP17852
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None





 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*


LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: NP2286
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None




 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: NP95000205
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*

Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: NP95000602
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: NP95001705

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: NP95003689

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: NP95007253

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: NP95011313

NPI: 1134155377

Accepting New Patients: Yes




Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*


LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: NP95015780
NPI: 1134155377

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

 *Site English Spoken: Yes*
Cultural Competency: No




 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*


LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: NP95022452
NPI: 1134155377

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

 *Site English Spoken: Yes*
Cultural Competency: No




 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER




Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: PA13752
NPI: 1134155377

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

 *Site English Spoken: Yes*


Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: PA15227
NPI: 1134155377

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

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: PA16245

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: PA17864

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: PA20396

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: PA21591

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: PA23258

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: PA53788

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: PA54661

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: PA61677

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

☎ Phone: 619-515-2300

🕒 After Hours Phone: 619-515-2300

License Number: PT295463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: PT30272

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: PT33914

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: RN486421

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:
619-515-2300

License Number: SP27677

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً

Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*


LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 *Phone: 619-515-2300*

Fax: 619-515-2510

 *After Hours Phone: 619-515-2300*


License Number: A178494

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

License Number: 20A14919


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

 3514 30TH ST
SAN DIEGO, CA 92104-4120

 *Phone: 619-515-2424*

 *After Hours Phone: 619-515-2424*

License Number: A103099

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

📍 3514 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: A126181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

📍 3514 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: A132576

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

📍 3514 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

📍 3514 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A51318

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

📍 3514 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

📍 3514 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: A95577

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

📍 3514 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

📍 3514 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: NP95013978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: PA21042

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

Fax: 619-683-7586

After Hours Phone:
619-515-2424

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

Fax: 619-683-7586

After Hours Phone:
619-515-2424

License Number: 90000469

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: 20A11535





NPI: 1134155377

Accepting New Patients: Yes




Min/Max Age: 0\None





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً




 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS





Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone:
619-515-2424
License Number: 20A14794
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org





NORTH PARK FAMILY HEALTH CENTERS


Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone:
619-515-2424
License Number: 20A14919
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

NORTH PARK FAMILY HEALTH CENTERS




 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone:
619-515-2424
License Number: 20A15068
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes

Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone:
619-515-2424
License Number: 20A15413
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: 20A20252

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

📍 3544 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

📞 After Hours Phone:
619-515-2424

License Number: A140646

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

📍 3544 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

📞 After Hours Phone:
619-515-2424

License Number: A147758

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

📍 3544 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

📞 After Hours Phone:
619-515-2424

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

📍 3544 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

📞 After Hours Phone:
619-515-2424

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A173486

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A180044

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

📍 3544 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: NP95002226

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

📍 3544 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: NP95006792

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

📍 3544 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: PA17220

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

📍 3544 30TH ST
SAN DIEGO, CA 92104-4120

☎ Phone: 619-515-2424

🕒 After Hours Phone:
619-515-2424

License Number: PA18746

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

Fax: 619-501-0627

After Hours Phone:
619-515-2424

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A112379

NPI: 1598122871

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

Site English Spoken: yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A120447

NPI: 1598122871

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

Site English Spoken: yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A120576

NPI: 1598122871

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

Site English Spoken: yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A153414

NPI: 1598122871

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

Site English Spoken: yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A157505


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A162332


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A78373


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD

SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: C54198


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: C55180


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
Phone: 619-662-4100
After Hours Phone:
619-662-4100

License Number: DC33300
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: yes
Cultural Competency: No
Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
Phone: 619-662-4100
Fax: 619-595-0258
After Hours Phone:
619-662-4100

NPI: 1598122871
Accepting New Patients: Yes

Min/Max Age: 0\None
Site English Spoken: yes
Cultural Competency: No
Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432
Phone: 619-662-4100
Fax: 619-858-1003
After Hours Phone:
619-662-4100

License Number: A88893
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: yes
Cultural Competency: No
Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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

SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382
2630 1ST AVE
SAN DIEGO, CA
92103-6599
Phone: 619-234-2158
Fax: 619-234-0206

After Hours Phone:
619-234-2158
NPI: 1598122871

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

Site English Spoken: yes
Site Languages(s) Spoken:
Korean, Spanish, Hindi
Cultural Competency: No
Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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

SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382
2630 1ST AVE
SAN DIEGO, CA
92103-6599
Phone: 619-234-2158
Fax: 619-234-0206

After Hours Phone:
619-234-2158
License Number: 90000168
NPI: 1598122871

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdaihc.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:
619-515-2525

License Number: A128091

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:
619-515-2525

License Number: A163977

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:
619-515-2525

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:
619-515-2525

License Number: DPM4819

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:
619-515-2525

License Number: NP95010814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:
619-515-2525

License Number: PA22762

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

Fax: 619-501-5814

After Hours Phone:
619-515-2525

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

Fax: 619-501-5814

After Hours Phone:
619-515-2525

License Number: 550002865

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2400

After Hours Phone:
619-515-2400

License Number: 20A17836

NPI: 1134155377

Accepting New Patients: Yes


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No


 Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org


FAMILY HLTH CTR SD


HILLCREST

Provider ID: 417937

 4094 4TH AVE

SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545

License Number: 20A11612


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org


FAMILY HLTH CTR SD


HILLCREST

Provider ID: 417937

 4094 4TH AVE

SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545

License Number: 20A12504


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org


FAMILY HLTH CTR SD


HILLCREST

Provider ID: 417937

 4094 4TH AVE

SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545

License Number: 20A14794


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org


FAMILY HLTH CTR SD


HILLCREST

Provider ID: 417937

 4094 4TH AVE

SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545

License Number: 20A15413


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: 20A15459

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: 20A17657

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: 20A17702

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: 20A17926

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: 20A19399

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Cultural Competency: No

🕒 Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SD

HILLCREST

Provider ID: 417937

📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143

☎ Phone: 619-515-2545

🕒 After Hours Phone:
619-515-2545

License Number: A100333

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SD

HILLCREST

Provider ID: 417937

📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143

☎ Phone: 619-515-2545

🕒 After Hours Phone:
619-515-2545

License Number: A109633

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SD

HILLCREST

Provider ID: 417937

📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143

☎ Phone: 619-515-2545

🕒 After Hours Phone:
619-515-2545

License Number: A119631

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SD

HILLCREST

Provider ID: 417937

📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143

☎ Phone: 619-515-2545

🕒 After Hours Phone:
619-515-2545

License Number: A136616

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 8AM-9PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: A140324

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: A154708

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: A169207

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: A171135

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: A177462

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: A180044
NPI: 1134155377

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

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: A70175
NPI: 1134155377

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

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: A80153
NPI: 1134155377

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

📄 *Site English Spoken: Yes*

Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: A80461
NPI: 1134155377

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

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: C52451

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: DC31024

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: DC33688

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: G16236

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: G80316
NPI: 1134155377

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

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

🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N

♿ *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: NP18098
NPI: 1134155377

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

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

🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N

♿ *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: NP7374
NPI: 1134155377

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

📄 *Site English Spoken: Yes*

Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: NP95001899
NPI: 1134155377

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

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

🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N

♿ *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 *Website: www.fhcsd.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: NP95005103

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: NP95005293

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: PA21385

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: PA23231

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: PT12930

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: PT25155
NPI: 1134155377

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

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):

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

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: PT28061
NPI: 1134155377

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

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):

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

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: PT292351
NPI: 1134155377

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

📄 *Site English Spoken: Yes*

Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
📞 *After Hours Phone: 619-515-2545*
License Number: PT292613
NPI: 1134155377

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

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: PT293536

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: PT295173

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: PT296559

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:
619-515-2545

License Number: PT40975

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

Fax: 619-501-9645

After Hours Phone:
619-515-2545

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
Fax: 619-501-9645
🕒 *After Hours Phone: 619-515-2545*
License Number: 550003099
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

FAMILY HLTH CTR SD HILLCREST
Provider ID: 417937
📍 4094 4TH AVE
SAN DIEGO, CA 92103-2143
☎ *Phone: 619-515-2545*
Fax: 619-501-9645
🕒 *After Hours Phone: 619-515-2545*
License Number: A95356
NPI: 1134155377

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

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 8AM-9PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715
☎ *Phone: 619-515-2560*
🕒 *After Hours Phone: 619-515-2560*
License Number: C174771
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715
☎ *Phone: 619-515-2560*
🕒 *After Hours Phone: 619-515-2560*
License Number: DC33150
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: G61394

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: MT2061555

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: NP10146

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: NP17362

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Cultural Competency: No


 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone: 619-515-2560*

License Number: NP19911


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone: 619-515-2560*

License Number: NP95000205


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone: 619-515-2560*

License Number: NP95001492


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

 *After Hours Phone: 619-515-2560*

License Number: NP95005321


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

Cultural Competency: No

 *Hours: SU-SA 9AM-5PM*

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 *Website: www.fhcsd.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: 20A15471

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: A113448

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715

☎ Phone: 619-515-2560

🕒 After Hours Phone:
619-515-2560

License Number: A115598

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715

☎ Phone: 619-515-2560

🕒 After Hours Phone:
619-515-2560

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715

☎ Phone: 619-515-2560

🕒 After Hours Phone:
619-515-2560

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715

☎ Phone: 619-515-2560

🕒 After Hours Phone:
619-515-2560

License Number: A119689

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: A126187

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: A137260

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-263-2499

After Hours Phone:
619-263-2499

License Number: 20A7241

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2420

After Hours Phone:
619-515-2420

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2420

After Hours Phone:
619-515-2420

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715

☎ Phone: 619-515-2420

🕒 After Hours Phone:
619-515-2420

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715

☎ Phone: 619-515-2420

🕒 After Hours Phone:
619-515-2420

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715

☎ Phone: 619-515-2560

🕒 After Hours Phone:
619-515-2560

License Number: 20A13745

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes

Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715

☎ Phone: 619-515-2560

🕒 After Hours Phone:
619-515-2560

License Number: 20A14772

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

📄 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 Website: www.fhcsd.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307
 Phone: 858-810-8700
 After Hours Phone:
858-810-8700

License Number: G41532

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700

License Number: G70886

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:

Lithuanian, Vietnamese,
Spanish, Chinese


Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700

License Number: NP16433

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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


Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700

License Number: NP23847

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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


Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

 After Hours Phone:
619-515-2435

License Number: A80504

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: N/A

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

📍 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941

☎ Phone: 619-515-2435

🕒 After Hours Phone:
619-515-2435

License Number: A97036

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: N/A

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

📍 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941

☎ Phone: 619-515-2435

🕒 After Hours Phone:
619-515-2435

License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: N/A

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

📍 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941

☎ Phone: 619-515-2435

🕒 After Hours Phone:
619-515-2435

License Number: PA16245

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: N/A

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

📍 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941

☎ Phone: 619-515-2435

🕒 After Hours Phone:
619-515-2435

License Number: PA53788

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

☐ Site English Spoken: yes
Cultural Competency: No

🕒 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

2391 ISLAND AVE
SAN DIEGO, CA 92102-2941

Phone: 619-515-2435

Fax: 619-515-2435

After Hours Phone:
619-515-2435

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: N/A

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone:
858-279-0925

License Number: A119010

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone:
858-279-0925

License Number: A144372

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone:
858-279-0925

License Number: C174985

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

LINDA VISTA HEALTH CARE CTR


Provider ID: 206046

6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

<p> After Hours Phone: 858-279-0925 License Number: DPM4434 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes  Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian Cultural Competency: No  Hours: SU-SA 8:30AM-5:30PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.sdfamilycare.org</p>	<p>Cultural Competency: No  Hours: SU-SA 8:30AM-5:30PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.sdfamilycare.org</p>	<p>.org LINDA VISTA HEALTH CARE CTR Provider ID: 206046  6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342  Phone: 858-279-0925 Fax: 858-279-0377  After Hours Phone: 858-279-0925 License Number: A93812 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes  Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian Cultural Competency: No  Hours: SU-SA 8:30AM-5:30PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.sdfamilycare.org</p>
<p>LINDA VISTA HEALTH CARE CTR Provider ID: 206046  6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342  Phone: 858-279-0925  After Hours Phone: 858-279-0925 License Number: G41532 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes  Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</p>	<p>Accepting New Patients: Yes Min/Max Age: 0\None  Site English Spoken: Yes  Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian Cultural Competency: No  Hours: SU-SA 8:30AM-5:30PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.sdfamilycare.org</p>	<p>LINDA VISTA HEALTH CARE CTR Provider ID: 206046  6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342  Phone: 858-279-0925 Fax: 858-279-0377</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدراليًا

<p> After Hours Phone: 858-279-0925</p> <p>License Number: G70886</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</p> <p>Cultural Competency: No</p> <p> Hours: SU-SA 8:30AM-5:30PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.sdfamilycare.org</p>	<p>Cultural Competency: No</p> <p> Hours: SU-SA 8:30AM-5:30PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.sdfamilycare.org</p>	<p>MID-CITY COMMUNITY CLINIC</p> <p>Provider ID: 233532</p> <p> 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690</p> <p> Phone: 619-280-2058</p> <p> After Hours Phone: 619-280-2058</p> <p>License Number: A94449</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p> Hours: SU-SA 8AM-5PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.sdfamilycare.org</p>
<p>LINDA VISTA HEALTH CARE</p> <p>CTR</p> <p>Provider ID: 206046</p> <p> 6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342</p> <p> Phone: 858-279-0925</p> <p>Fax: 858-633-4680</p> <p> After Hours Phone: 858-279-0925</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</p>	<p>LINDA VISTA HEALTH CARE</p> <p>CTR</p> <p>Provider ID: 206046</p> <p> 6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342</p> <p> Phone: 858-810-8700</p> <p> After Hours Phone: 858-810-8700</p> <p>License Number: 20A12402</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p> <p> Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</p> <p>Cultural Competency: No</p> <p> Hours: SU-SA 8:30AM-5:30PM</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.sdfamilycare.org</p>	<p>MID-CITY COMMUNITY CLINIC</p> <p>Provider ID: 233532</p> <p> 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105-1690</p> <p> Phone: 619-280-2058</p> <p> After Hours Phone: 619-280-2058</p> <p>License Number: NP95019446</p> <p>NPI: 1598122871</p> <p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p>


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا


 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700


License Number: 20A12402

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700


License Number: A119010

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700


License Number: A137415

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700


License Number: A61238

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

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

Cultural Competency: No

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


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700

License Number: A72833

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes


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

Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:

858-810-8700

License Number: A92173

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No


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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700

License Number: A94449

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

 Hours: SU-SA

8:30AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.sdfamilycare.org

SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:
858-810-8700

License Number: C174985

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No


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

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.sdfamilycare.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

MID-CITY COMMUNITY CLINIC N

Provider ID: 233597

4290 POLK AVE
SAN DIEGO, CA 92105-1524

Phone: 619-563-0250

After Hours Phone:
619-563-0250

License Number: 20A7662

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

MID-CITY COMMUNITY CLINIC N

Provider ID: 233597

4290 POLK AVE
SAN DIEGO, CA 92105-1524

Phone: 619-563-0250

After Hours Phone:
619-563-0250

License Number: A112176

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

MID-CITY COMMUNITY CLINIC N

Provider ID: 233597

4290 POLK AVE
SAN DIEGO, CA 92105-1524

Phone: 619-563-0250

After Hours Phone:
619-563-0250

License Number: A163512

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

MID-CITY COMMUNITY CLINIC N

Provider ID: 233597

4290 POLK AVE
SAN DIEGO, CA 92105-1524

Phone: 619-563-0250

After Hours Phone:
619-563-0250

License Number: DPM4434

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

License Number: A175116

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

MID-CITY COMMUNITY CLINIC N

Provider ID: 233597

4290 POLK AVE
SAN DIEGO, CA 92105-1524

Phone: 619-563-0250

After Hours Phone:
619-563-0250

License Number: DPM4434

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

MID-CITY COMMUNITY CLINIC

Provider ID: 233597

4290 POLK AVE
SAN DIEGO, CA 92105-1524

Phone: 619-563-0250

After Hours Phone:
619-563-0250

License Number: G60630

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233532

4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690

Phone: 619-280-2058

After Hours Phone:
619-280-2058

License Number: A112176

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233532

4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690

Phone: 619-280-2058

After Hours Phone:
619-280-2058

License Number: A152267

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233532

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105-1690

Phone: 619-280-2058

After Hours Phone:
619-280-2058

License Number: A163512

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.sdfamilycare
.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233532

4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690

Phone: 619-280-2058

After Hours Phone:
619-280-2058

License Number: A61238

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N




Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



B. العيادات الصحية المؤهلة فيدرالياً

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

MID-CITY COMMUNITY CLINIC

Provider ID: 233532
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690
 Phone: 619-280-2058
 After Hours Phone:
619-280-2058
License Number: A72833
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER



Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.sdfamilycare.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9154
 After Hours Phone:
619-255-9154

License Number: A123929
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC



 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9154
 After Hours Phone:
619-255-9154

License Number: A163693
NPI: 1609849074

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC



 Website: www.lamaestra.org


LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9155
 After Hours Phone:
619-255-9155


License Number: A111170
NPI: 1609849074

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC

 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9155
 After Hours Phone:
619-255-9155

License Number: A75533
NPI: 1609849074

Accepting New Patients: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:
619-255-9155

License Number: A82639

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:
619-255-9155

License Number: C55979

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:
619-255-9155

License Number: DC28966

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:
619-255-9155

License Number: G45632

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

Website: www.lamaestra.org



FAMILY HEALTH CTR IBARRA



Provider ID: 417987



4874 POLK AVE
SAN DIEGO, CA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




.B العيادات الصحية المؤهلة فيدرالياً



92105-2026
 Phone: 619-515-2426
 After Hours Phone:
619-515-2426
License Number: PA58098
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA
8:30AM-5:30PM
American Sign Language (ASL):

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




FAMILY HEALTH CTR IBARRA



Provider ID: 417987
 4874 POLK AVE
SAN DIEGO, CA
92105-2026
 Phone: 619-515-2426
 After Hours Phone:
619-515-2426
License Number: PA58905
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None



 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA
8:30AM-5:30PM
American Sign Language (ASL):

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


FAMILY HEALTH CTR IBARRA





Provider ID: 417987
 4874 POLK AVE
SAN DIEGO, CA
92105-2026
 Phone: 619-515-2426
 After Hours Phone:
619-515-2426
License Number: PA59481
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None



 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA
8:30AM-5:30PM
American Sign Language (ASL):

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




FAMILY HEALTH CTR OF SDELM ST

Provider ID: 419167
 140 ELM ST
SAN DIEGO, CA 92101-2602

 Phone: 619-515-2520
Fax: 619-231-0431
 After Hours Phone:
619-515-2520
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

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



FAMILY HEALTH CTR OF SDELM ST

Provider ID: 419167
 140 ELM ST
SAN DIEGO, CA 92101-2602
 Phone: 619-515-2520
Fax: 619-231-0431
 After Hours Phone:
619-515-2520
License Number: 550002061
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):







N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



B. العيادات الصحية المؤهلة فيدرالياً



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



FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142
 5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
 Phone: 619-515-2454
 After Hours Phone: 619-515-2454
License Number: 20A12796
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA
8:30AM-5:30PM
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 Website: www.fhcsd.org





FAMILY HEALTH CTR SAN DIEGO-OAK PARK


Provider ID: 418142
 5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
 Phone: 619-515-2454

 After Hours Phone: 619-515-2454
License Number: 20A14772
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA
8:30AM-5:30PM
American Sign Language (ASL): N

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




FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142
 5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
 Phone: 619-515-2454
 After Hours Phone: 619-515-2454
License Number: C174538
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA
8:30AM-5:30PM
American Sign Language (ASL): N

 *Accessibility: CONTACT*

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


FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142
 5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
 Phone: 619-515-2454
 After Hours Phone: 619-515-2454
License Number: PA58505
NPI: 1134155377

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



Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA
8:30AM-5:30PM
American Sign Language (ASL): N

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

 Website: www.fhcsd.org

FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142
 5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429
 Phone: 619-515-2454
Fax: 619-794-2696

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

☎ *After Hours Phone:*
619-515-2454
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

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

🕒 *Hours: SU-SA*
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 *Website: www.fhcsd.org*

FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

📍 5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429

☎ *Phone: 619-515-2454*

Fax: 619-794-2696

☎ *After Hours Phone:*
619-515-2454

License Number: 550003556

NPI: 1134155377

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

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

🕒 *Hours: SU-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*

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

☎ *Phone: 619-255-9155*

☎ *After Hours Phone:*
619-255-9155

License Number: G87837

NPI: 1609849074

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

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

🕒 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT*
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC

🌐 *Website: www.lamaestra.or*
g

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

☎ *Phone: 619-255-9155*

☎ *After Hours Phone:*
619-255-9155

License Number: NP95013257

NPI: 1609849074

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

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

🕒 *Hours: SU-SA 8AM-5PM*

American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC

🌐 *Website: www.lamaestra.or*
g

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

☎ *Phone: 619-255-9155*

☎ *After Hours Phone:*
619-255-9155

License Number: PA13694

NPI: 1609849074

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

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

🕒 *Hours: SU-SA 8AM-5PM*


American Sign Language (ASL):
N

♿ *Accessibility: CONTACT*
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدراليًا

 Website: www.lamaestra.org
g

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:
619-255-9155

License Number: PA21625

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

 Website: www.lamaestra.org
g


LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

Fax: 619-284-4731

 After Hours Phone:
619-255-9155

License Number: 20A6433

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

 Website: www.lamaestra.org
g

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

Fax: 619-749-5480

 After Hours Phone:
619-255-9155

License Number: A81682

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC


 Website: www.lamaestra.org
g

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

 Phone: 619-280-7072

 After Hours Phone:
619-280-7072

License Number: 20A14222

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No


 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

 Website: www.lamaestra.org
g

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

 Phone: 619-564-8765

 After Hours Phone:
619-564-8765

License Number: NP95009891

NPI: 1609849074




Accepting New Patients: Yes

Min/Max Age: 0\None




 Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Cultural Competency: No
 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LA MAESTRA FAMILY CLINIC
 *Website: www.lamaestra.org*




LA MAESTRA FAMILY CLINIC INC




Provider ID: 185268
 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105-1608
 *Phone: 619-798-3947*
 *After Hours Phone: 619-798-3947*
License Number: DC32800
NPI: 1609849074
Accepting New Patients: Yes
Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LA MAESTRA FAMILY CLINIC
 *Website: www.lamaestra.org*

OPERATION SAMAHAN - MIRA MESA





Provider ID: 417101

 10737 CAMINO RUIZ STE 235
 SAN DIEGO, CA 92126-2375
 *Phone: 844-200-2426*
 *After Hours Phone: 844-200-2426*
License Number: A161105
NPI: 1801907449
Accepting New Patients: Yes
Min/Max Age: 0\None

 *Site English Spoken: yes*
 *Site Languages(s) Spoken: Spanish, Tagalog*
Cultural Competency: No
 *Hours: SU-SA 8AM-4:30PM*
American Sign Language (ASL):
 N








 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: OPERATION SAMAHAN
 *Website: www.operationsamahan.org*

OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101
 10737 CAMINO RUIZ STE 235
 SAN DIEGO, CA 92126-2375
 *Phone: 844-200-2426*
 *After Hours Phone: 844-200-2426*
License Number: C54941
NPI: 1801907449
Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: yes*

 *Site Languages(s) Spoken: Spanish, Tagalog*
Cultural Competency: No
 *Hours: SU-SA 8AM-4:30PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: OPERATION SAMAHAN
 *Website: www.operationsamahan.org*

DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782
 1250 6TH AVE STE 100
 SAN DIEGO, CA 92101-4368
 *Phone: 619-515-2430*
 *After Hours Phone: 619-515-2430*
License Number: PA58826
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

Fax: 619-578-2410

After Hours Phone:
619-515-2430

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

Fax: 619-578-2410

After Hours Phone:
619-515-2430

License Number: 550002251

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE
SAN DIEGO, CA
92105-2026

Phone: 619-515-2426

After Hours Phone:
619-515-2426

License Number: 20A17577

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE
SAN DIEGO, CA
92105-2026

Phone: 619-515-2426

After Hours Phone:
619-515-2426

License Number: 20A19345

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE
SAN DIEGO, CA
92105-2026

Phone: 619-515-2426

After Hours Phone:
619-515-2426

License Number: A145023

NPI: 1134155377


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

Site English Spoken: Yes


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026

 Phone: 619-515-2426

 After Hours Phone:
619-515-2426


License Number: A173486

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026

 Phone: 619-515-2426


 After Hours Phone:
619-515-2426

License Number: G149974

NPI: 1134155377

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


Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026

 Phone: 619-515-2426

 After Hours Phone:
619-515-2426


License Number: NP17838

NPI: 1134155377

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

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

 4874 POLK AVE
SAN DIEGO, CA
92105-2026

 Phone: 619-515-2426

 After Hours Phone:
619-515-2426


License Number: NP95004443

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE
SAN DIEGO, CA
92105-2026

Phone: 619-515-2426

After Hours Phone:
619-515-2426

License Number: PA21385

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: NP95007000

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: NP95009292

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: NP95021154

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: PA20378

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

Cultural Competency: No
🕒 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715
☎ *Phone: 619-515-2560*
📞 *After Hours Phone: 619-515-2560*
License Number: PA58081
NPI: 1134155377

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

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
N

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715
☎ *Phone: 619-515-2560*
📞 *After Hours Phone: 619-515-2560*
License Number: PA58505
NPI: 1134155377

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

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
N

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715
☎ *Phone: 619-515-2560*
📞 *After Hours Phone: 619-515-2560*
License Number: PA60864
NPI: 1134155377

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

📄 *Site English Spoken: Yes*

Cultural Competency: No
🕒 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
N
♿ *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
🌐 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
📍 4725 MARKET ST
SAN DIEGO, CA 92102-4715
☎ *Phone: 619-515-2560*
📞 *After Hours Phone: 619-515-2560*
License Number: RN810863
NPI: 1134155377

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

📄 *Site English Spoken: Yes*
Cultural Competency: No
🕒 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

Fax: 619-263-2499

After Hours Phone:
619-515-2560

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

Fax: 619-263-2499

After Hours Phone:
619-515-2560

License Number: A100391

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

After Hours Phone:
619-515-2430

License Number: 20A7147

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

2325 COMMERCIAL ST STE
1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

After Hours Phone:
619-515-2422

License Number: PA53788

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

2325 COMMERCIAL ST STE
1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

Fax: 619-269-0053

After Hours Phone:
619-515-2422





NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا




 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 *Website: www.fhcsd.org*





FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529
 2325 COMMERCIAL ST STE
 1400
 SAN DIEGO, CA 92113-1195
 *Phone: 619-515-2422*
Fax: 619-269-0053
 *After Hours Phone:*
619-515-2422
License Number: 550003113
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None




 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 8AM-5PM*
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 *Website: www.fhcsd.org*





FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851
 3705 MISSION BLVD
 SAN DIEGO, CA 92109-7104
 *Phone: 619-515-2300*
 *After Hours Phone:*
619-515-2300
License Number: A162946
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None




 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA*
8:30AM-5:30PM
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 *Website: www.fhcsd.org*





FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851
 3705 MISSION BLVD
 SAN DIEGO, CA 92109-7104
 *Phone: 619-515-2444*
 *After Hours Phone:*
619-515-2444
License Number: 20A11535
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA*
8:30AM-5:30PM
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 *Website: www.fhcsd.org*

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851
 3705 MISSION BLVD
 SAN DIEGO, CA 92109-7104
 *Phone: 619-515-2444*
 *After Hours Phone:*
619-515-2444
License Number: 20A13060
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-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*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: A113001

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

📍 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

☎ Phone: 619-515-2444

📞 After Hours Phone:
619-515-2444

License Number: A118095
NPI: 1134155377

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

📍 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

☎ Phone: 619-515-2444

📞 After Hours Phone:
619-515-2444

License Number: A148014
NPI: 1134155377

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

📍 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

☎ Phone: 619-515-2444

📞 After Hours Phone:
619-515-2444

License Number: A154298
NPI: 1134155377

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

📍 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

☎ Phone: 619-515-2444

📞 After Hours Phone:
619-515-2444

License Number: A154399
NPI: 1134155377

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

☐ Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: A178499

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: A76785





NPI: 1134155377

Accepting New Patients: Yes




Min/Max Age: 0\None





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً




 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA
8:30AM-5:30PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org



FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851
 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
 Phone: 619-515-2444
 After Hours Phone:
619-515-2444
License Number: C174771
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA
8:30AM-5:30PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org




FAMILY HLTH CTR SAN DIEGO-BEACH AREA





Provider ID: 402851
 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104
 Phone: 619-515-2444
 After Hours Phone:
619-515-2444
License Number: C53623
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

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




American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529
 2325 COMMERCIAL ST STE
1400
SAN DIEGO, CA 92113-1195
 Phone: 619-515-2422
 After Hours Phone:
619-515-2422
License Number: A121451
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529
 2325 COMMERCIAL ST STE
1400
SAN DIEGO, CA 92113-1195
 Phone: 619-515-2422
 After Hours Phone:
619-515-2422
License Number: A122238
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO
 Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

After Hours Phone: 619-515-2422

License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

After Hours Phone: 619-515-2422

License Number: PA20888

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

Phone: 844-200-2426

After Hours Phone: 844-200-2426

License Number: DC15775

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-4:30PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

Phone: 844-200-2426

After Hours Phone: 844-200-2426

License Number: NP95003211

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-4:30PM
American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

Phone: 844-200-2426

Fax: 858-578-4417

After Hours Phone: 844-200-2426

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-4:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

Phone: 844-200-2426

Fax: 858-578-4417

After Hours Phone: 844-200-2426

License Number: 80000146

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-4:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

9855 ERMA RD STE 105 SAN DIEGO, CA 92131-1007

Phone: 844-200-2426

After Hours Phone: 844-200-2426

License Number: NP95010585

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-4:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

9855 ERMA RD STE 105 SAN DIEGO, CA 92131-1007

Phone: 844-200-2426

After Hours Phone: 844-200-2426

License Number: A71544

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

9855 ERMA RD STE 105 SAN DIEGO, CA 92131-1007

Phone: 844-200-2426

After Hours Phone: 844-200-2426

License Number: NP22974

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N


Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Medical Group/IPA:


OPERATION SAMAHAN

 Website: www.operationsamahan.org


OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

 9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007

 Phone: 844-200-2426

Fax: 858-536-8034

 After Hours Phone:
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes
Cultural Competency: No


 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:


OPERATION SAMAHAN

 Website: www.operationsamahan.org


OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308

 9855 ERMA RD STE 105
SAN DIEGO, CA 92131-1007

 Phone: 844-200-2426

Fax: 858-536-8034


 After Hours Phone:
844-200-2426


License Number: 80000146

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes
Cultural Competency: No


 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN

 Website: www.operationsamahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA
92129-2889

 Phone: 844-200-2426

 After Hours Phone:
844-200-2426


License Number: DC15775

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN


 Website: www.operationsamahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA
92129-2889

 Phone: 844-200-2426

 After Hours Phone:
844-200-2426


License Number: DC29074

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken:
Spanish

Cultural Competency: No


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

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

 Website: www.operationsamahan.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA
92129-2889

Phone: 844-200-2426

After Hours Phone:
844-200-2426

License Number: NP22974

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: [www.operationsa
mahan.org](http://www.operationsa
mahan.org)

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA
92129-2889

Phone: 844-200-2426

After Hours Phone:

844-200-2426

License Number: NP95003211

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: [www.operationsa
mahan.org](http://www.operationsa
mahan.org)

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: DC20729

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:
619-515-2444

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

☎ *After Hours Phone:*
619-515-2444
License Number: DPM4819
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

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

🕒 *Hours:* SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 *Website:* www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

📍 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

☎ *Phone:* 619-515-2444

☎ *After Hours Phone:*
619-515-2444

License Number: G78814

NPI: 1134155377

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

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

🕒 *Hours:* SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT

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

🌐 *Website:* www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

📍 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

☎ *Phone:* 619-515-2444

☎ *After Hours Phone:*
619-515-2444

License Number: NM1662

NPI: 1134155377

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

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

🕒 *Hours:* SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 *Website:* www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

📍 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

☎ *Phone:* 619-515-2444

☎ *After Hours Phone:*

619-515-2444

License Number: NP95013978

NPI: 1134155377

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

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

🕒 *Hours:* SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 *Website:* www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

📍 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

☎ *Phone:* 619-515-2444

Fax: 858-488-1394

☎ *After Hours Phone:*
619-515-2444

NPI: 1134155377

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

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

🕒 *Hours:* SU-SA
8:30AM-5:30PM

American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

Fax: 858-488-1394

After Hours Phone:
619-515-2444

License Number: 80000115

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-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

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA

92129-2889

Phone: 844-200-2426

After Hours Phone:
844-200-2426

License Number: PA19664

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:
OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA
92129-2889

Phone: 844-200-2426

Fax: 858-695-9074

After Hours Phone:
844-200-2426

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:
OPERATION SAMAHAN

Website: www.operationsamahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA
92129-2889

Phone: 844-200-2426

Fax: 858-695-9074

After Hours Phone:
844-200-2426

License Number: 550002478

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

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

American Sign Language (ASL):
N

Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

PROVIDER
 Medical Group/IPA:
 OPERATION SAMAHAN
 Website: www.operationsamahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535
 9995 CARMEL MOUNTAIN
 RD STE B10 AND B11
 SAN DIEGO, CA
 92129-2889
 Phone: 844-200-2426
 Fax: 858-695-9074
 After Hours Phone:
 844-200-2426
 License Number: 550003857
 NPI: 1801907449

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

Site English Spoken: yes
 Site Language(s) Spoken:
 Spanish

Cultural Competency: No
 Hours: SU-SA
 8:30AM-5:30PM

American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

Website: www.operationsamahan.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
 4725 MARKET ST
 SAN DIEGO, CA 92102-4715
 Phone: 619-515-2560
 After Hours Phone:
 619-515-2560

License Number: A140912

NPI: 1134155377

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

Site English Spoken: Yes
 Cultural Competency: No

Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER

Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
 4725 MARKET ST
 SAN DIEGO, CA 92102-4715
 Phone: 619-515-2560
 After Hours Phone:
 619-515-2560

License Number: A141057

NPI: 1134155377

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

Site English Spoken: Yes

Cultural Competency: No
 Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER

Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363
 4725 MARKET ST
 SAN DIEGO, CA 92102-4715
 Phone: 619-515-2560
 After Hours Phone:
 619-515-2560

License Number: A142743

NPI: 1134155377

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

Site English Spoken: Yes
 Cultural Competency: No

Hours: SU-SA 9AM-5PM
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER

Medical Group/IPA: FAMILY
 HEALTH CENTERS OF SAN
 DIEGO

Website: www.fhcsd.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: A161373

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:
619-515-2560

License Number: A164879




NPI: 1134155377

Accepting New Patients: Yes





Min/Max Age: 0\None

Site English Spoken: Yes





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
 4725 MARKET ST
 SAN DIEGO, CA 92102-4715
 *Phone: 619-515-2560*
 *After Hours Phone: 619-515-2560*
License Number: A178499
NPI: 1134155377

Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*








DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
 4725 MARKET ST
 SAN DIEGO, CA 92102-4715
 *Phone: 619-515-2560*
 *After Hours Phone: 619-515-2560*
License Number: A72005
NPI: 1134155377

Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC
Provider ID: 206363
 4725 MARKET ST
 SAN DIEGO, CA 92102-4715
 *Phone: 619-515-2560*
 *After Hours Phone: 619-515-2560*
License Number: C174538
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*

Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 *Website: www.fhcsd.org*

SAN MARCOS

TRUECARE
Provider ID: 625875
 1595 GRAND AVE STE 100
 SAN MARCOS, CA 92078-2450
 *Phone: 760-520-8200*
Fax: 360-462-2749
 *After Hours Phone: 760-520-8200*
License Number: 80000167
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 *Site English Spoken: Yes*
Cultural Competency: No
 *Hours: SU-SA 9AM-5PM*
American Sign Language (ASL):
 N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 *Website: www.ihpsocal.org*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92078-2450

Phone: 760-736-6767

Fax: 760-736-6744

After Hours Phone:
760-736-6767

License Number: 1598122871

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92078-2450

Phone: 760-736-6767

Fax: 760-736-6744

After Hours Phone:
760-736-6767

License Number: NP18788

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92078-2450

Phone: 760-736-6767

Fax: 760-736-6744

After Hours Phone:
760-736-6767

License Number: PA17718

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 614511

1595 GRAND AVE STE 106
SAN MARCOS, CA

92078-2450

Phone: 760-736-6767

Fax: 760-736-6744

After Hours Phone:
760-736-6767

License Number: 80000167

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 614511

1595 GRAND AVE STE 106
SAN MARCOS, CA
92078-2450

Phone: 760-736-6767

Fax: 760-736-6744

After Hours Phone:
760-736-6767

License Number: C54157

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No



Hours: SU-SA 9AM-5PM

American Sign Language (ASL):




N




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا


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

TRUECARE


Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
 After Hours Phone:
760-736-6767
License Number: 20A15159
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N
 **Accessibility:** CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

TRUECARE




Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
 After Hours Phone:


760-736-6767
License Number: 20A17306
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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

TRUECARE




Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
 After Hours Phone:
760-736-6767
License Number: A116562
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None


Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N



 **Accessibility:** CONTACT

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

TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
 After Hours Phone:
760-736-6767
License Number: A48980
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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

TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
 After Hours Phone:
760-736-6767

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

License Number: A60958

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

Phone: 760-736-6767

After Hours Phone: 760-736-6767

License Number: A63903

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

Phone: 760-736-6767

After Hours Phone: 760-736-6767

License Number: A71311

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

Phone: 760-736-6767

After Hours Phone: 760-736-6767

License Number: A93248

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

Phone: 760-736-6767

After Hours Phone: 760-736-6767

License Number: C54157

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
 SAN MARCOS, CA
 92069-2973
 Phone: 760-736-6767
 After Hours Phone:
 760-736-6767

License Number: DC29074
 NPI: 1598122871
 Accepting New Patients: Yes
 Min/Max Age: 0\None

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

Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

Medical Group/IPA: IHP OF
 SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org


TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
 SAN MARCOS, CA
 92069-2973
 Phone: 760-736-6767
 After Hours Phone:
 760-736-6767

License Number: G71182
 NPI: 1598122871

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

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

Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

Medical Group/IPA: IHP OF
 SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org


TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
 SAN MARCOS, CA
 92069-2973
 Phone: 760-736-6767
 After Hours Phone:
 760-736-6767

License Number: NM235844
 NPI: 1598122871

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

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

Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

Medical Group/IPA: IHP OF
 SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org


TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
 SAN MARCOS, CA
 92069-2973
 Phone: 760-736-6767
 After Hours Phone:
 760-736-6767

License Number: NM235997
 NPI: 1598122871

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

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

Cultural Competency: No
 Hours: SU-SA 8AM-5PM
 American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

Medical Group/IPA: IHP OF
 SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
 SAN MARCOS, CA
 92069-2973
 Phone: 760-736-6767
 After Hours Phone:
 760-736-6767

License Number: NP18874
 NPI: 1598122871

Accepting New Patients: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Min/Max Age: 0\None

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

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

📍 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

☎ Phone: 760-736-6767

🕒 After Hours Phone:
760-736-6767

License Number: NP20893

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

📍 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

☎ Phone: 760-736-6767

🕒 After Hours Phone:
760-736-6767

License Number: NP21368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

📍 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

☎ Phone: 760-736-6767

🕒 After Hours Phone:
760-736-6767

License Number: NP95001653

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

📍 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

☎ Phone: 760-736-6767

🕒 After Hours Phone:
760-736-6767

License Number: NP95002545

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

Phone: 760-736-6767

After Hours Phone:
760-736-6767

License Number: NP95003903

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

Phone: 760-736-6767

After Hours Phone:
760-736-6767

License Number: PA17101

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

Phone: 760-736-6767

After Hours Phone:
760-736-6767

License Number: PA19825

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

Phone: 760-736-6767

After Hours Phone:
760-736-6767

License Number: PA21723

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

Phone: 760-736-6767

After Hours Phone:
760-736-6767

License Number: PA22667

NPI: 1598122871





Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




B. العيادات الصحية المؤهلة فيدرالياً






 Site Languages(s) Spoken: Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
 After Hours Phone: 760-736-6767
License Number: PA51867
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
 Site Languages(s) Spoken: Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
Fax: 760-736-8740
 After Hours Phone: 760-736-6767
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None








 Site English Spoken: Yes
 Site Languages(s) Spoken: Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
Fax: 760-736-8740
 After Hours Phone: 760-736-6767
License Number: 80000167
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

 Site English Spoken: Yes
 Site Languages(s) Spoken: Spanish
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
 After Hours Phone: 760-736-6767
License Number: G74757
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: www.ihpsocal.org

TRUECARE
Provider ID: 625875

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

1595 GRAND AVE STE 100
SAN MARCOS, CA
92078-2450

Phone: 760-520-8200

Fax: 360-462-2749

After Hours Phone:
760-520-8200

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

Phone: 619-600-4867

After Hours Phone:
619-600-4867

License Number: PA22855

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

Phone: 619-600-4870

After Hours Phone:
619-600-4870

License Number: NP95018617

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A113624

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A120584

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A145480

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A153975

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A164201

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:

619-662-4100

License Number: A167529

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A32571

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

<p> Website: www.ihpsocal.org</p> <p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</p> <p>Provider ID: 227469</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: A40473 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU-SA 8AM-5PM American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</p>	<p>Cultural Competency: No</p> <p> Hours: SU-SA 8AM-5PM American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</p> <p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</p> <p>Provider ID: 227469</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: C42207 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU-SA 8AM-5PM American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</p>	<p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: DPM2930 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU-SA 8AM-5PM American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: www.ihpsocal.org</p> <p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</p> <p>Provider ID: 227469</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: G66745 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes Cultural Competency: No</p> <p> Hours: SU-SA 8AM-5PM American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF</p>
<p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</p> <p>Provider ID: 227469</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: A51843 NPI: 1598122871</p> <p>Accepting New Patients: Yes Min/Max Age: 0\None</p> <p> Site English Spoken: Yes</p>	<p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</p> <p>Provider ID: 227469</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p>	<p>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</p> <p>Provider ID: 227469</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدراليًا


SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

 3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: NP12112


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

 3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: NP95001960


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

 3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: NP95003671


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

 3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: NP95003721


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

 3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: NP95004315


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

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

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone:
619-662-4100

License Number: NP95017732
NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No
Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone:
619-662-4100

License Number: NP95019995
NPI: 1598122871

Accepting New Patients: Yes

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone:
619-662-4100

License Number: PA58672
NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No
Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469

3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
After Hours Phone:
619-662-4100

License Number: PT302385
NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No
Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469
3364 BEYER BLVD
SAN YSIDRO, CA 92173-1322
Phone: 619-662-4100
Fax: 619-600-4870

After Hours Phone:
619-662-4100
NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No
Hours: SU-SA 8AM-5PM

American Sign Language (ASL):
N

Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
Phone: 619-205-6341
After Hours Phone:
619-205-6341
License Number: A64487
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-428-4463
After Hours Phone:
619-428-4463
License Number: 20A8245
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese
Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
Phone: 619-428-4463
After Hours Phone:
619-428-4463
License Number: A112627
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
Phone: 619-662-4100
After Hours Phone:
619-662-4100
License Number: 20A10964
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese
Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A11153

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A12653

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A17643

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A7502

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org



SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292


4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: 20A8081
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

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


Cultural Competency: No
 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N



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

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292


 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007


 Phone: 619-662-4100
 After Hours Phone:
619-662-4100

License Number: 20A9907
NPI: 1598122871

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

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

Cultural Competency: No
 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER



Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292


 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100
 After Hours Phone:
619-662-4100

License Number: A101017
NPI: 1598122871

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

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

Cultural Competency: No
 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER



Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292


 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100
 After Hours Phone:
619-662-4100

License Number: A101827
NPI: 1598122871

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

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

Cultural Competency: No
 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER



Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100
 After Hours Phone:
619-662-4100

License Number: A104660
NPI: 1598122871

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A106103

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A113482

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A114008

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A114893

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

📍 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: A125329

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Yes
☑ Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

📍 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: A127188

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Yes
☑ Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

📍 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: A130348

NPI: 1598122871

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

☑ Site English Spoken: Yes
☑ Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

📍 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: A131021

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

☑ Site English Spoken: Yes
☑ Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

🕒 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N

♿ Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
Phone: 619-662-4100
After Hours Phone:
619-662-4100
License Number: A131952
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100
After Hours Phone:
619-662-4100
License Number: A132982
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese
Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
Phone: 619-662-4100
After Hours Phone:
619-662-4100
License Number: A138568
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
Phone: 619-662-4100
After Hours Phone:
619-662-4100
License Number: A145008
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese
Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A145480

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A157505

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A158364

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A159673

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org


SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

 Phone: 619-662-4100


 After Hours Phone:
619-662-4100


License Number: A169694

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: A170738

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: A173435

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100


 After Hours Phone:
619-662-4100


License Number: A175006

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A177337

NPI: 1598122871

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A180886

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A40061

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A40480

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A49267

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Cultural Competency: No

 *Hours: SU-SA 8AM-5:30PM*
American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*


License Number: A49307

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

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

Cultural Competency: No

 *Hours: SU-SA 8AM-5:30PM*
American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*


License Number: A56153

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

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

Cultural Competency: No

 *Hours: SU-SA 8AM-5:30PM*
American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*


 *After Hours Phone: 619-662-4100*

License Number: A63844

NPI: 1598122871

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

 *Site English Spoken: Yes*

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

Cultural Competency: No

 *Hours: SU-SA 8AM-5:30PM*
American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*


License Number: A66885

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

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

Cultural Competency: No

 *Hours: SU-SA 8AM-5:30PM*
American Sign Language (ASL):

N

 *Accessibility: CONTACT*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
Phone: 619-662-4100
After Hours Phone:
619-662-4100
License Number: A71304
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100
After Hours Phone:
619-662-4100
License Number: A72235
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese
Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
Phone: 619-662-4100
After Hours Phone:
619-662-4100
License Number: A77936
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA
Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
Phone: 619-662-4100
After Hours Phone:
619-662-4100
License Number: A80832
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
Site English Spoken: Yes
Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese
Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A84160

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A93785

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A99433

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: C42207

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org


SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER


Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: C51110

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: DC33693

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: G51462

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100


License Number: G59670

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: G80107

NPI: 1598122871

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: G81461

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: NP12112

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: NP95003355

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: PA17162

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Cultural Competency: No

 *Hours: SU-SA 8AM-5:30PM*
American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*


License Number: PA20490

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

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

Cultural Competency: No

 *Hours: SU-SA 8AM-5:30PM*
American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*


SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*

Fax: 619-205-6305


 *After Hours Phone: 619-662-4100*

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

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

Cultural Competency: No

 *Hours: SU-SA 8AM-5:30PM*
American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*


SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*

Fax: 619-205-6341


 *After Hours Phone: 619-662-4100*

License Number: DPM2930

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*
Cultural Competency: No

 *Hours: SU-SA 8AM-5:30PM*
American Sign Language (ASL):

N


 *Accessibility: CONTACT PROVIDER*


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*

Fax: 619-205-6341


 *After Hours Phone: 619-662-4100*


License Number: 20A7241

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 *Site English Spoken: Yes*

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

Cultural Competency: No

 *Hours: SU-SA 8AM-5:30PM*
American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

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

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

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

After Hours Phone:
619-662-4100

License Number: A164201

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

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

After Hours Phone:
619-662-4100

License Number: A55469

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Cultural Competency: No

Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

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

After Hours Phone:
619-662-4100

License Number: A78373

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

Spanish, Tagalog,
Portuguese

Cultural Competency: No
Hours: SU-SA 8AM-5:30PM
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A12555

NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A14222

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A14949

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 20A8516

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A111118

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A112627

NPI: 1598122871

Accepting New Patients: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A113914

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A138938

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100


 After Hours Phone:
619-662-4100

License Number: A157505

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A169577

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A175006

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A178949

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A47906

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A74960

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: A94813

NPI: 1598122871

Accepting New Patients: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: C149818

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: C158543

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: C160626

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: G52183

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.ihpsocal.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

After Hours Phone:
619-662-4100

License Number: A49307

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

After Hours Phone:
619-662-4100

License Number: A63844

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

After Hours Phone:
619-662-4100

License Number: A72721

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

After Hours Phone:
619-662-4100

License Number: A82187

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

☎ *After Hours Phone:*
619-662-4100
License Number: G20087
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

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

🕒 *Hours:* SU-SA 8:30AM-5PM
American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 *Website:* www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

📍 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

☎ *Phone:* 619-662-4100

Fax: 619-205-1948

☎ *After Hours Phone:*
619-662-4100

License Number: G51462

NPI: 1598122871

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

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

🕒 *Hours:* SU-SA 8:30AM-5PM
American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 *Website:* www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

📍 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

☎ *Phone:* 619-662-4100

Fax: 619-205-6305

☎ *After Hours Phone:*
619-662-4100

NPI: 1598122871

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

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

🕒 *Hours:* SU-SA 8:30AM-5PM
American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 *Website:* www.ihpsocal.org

SPRING VALLE

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

📍 8788 JAMACHA RD
SPRING VALLE, CA

91977-4035

☎ *Phone:* 619-515-2555

☎ *After Hours Phone:*
619-515-2555

License Number: 20A15459

NPI: 1134155377

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

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

🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

🌐 *Website:* www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

📍 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

☎ *Phone:* 619-515-2555

☎ *After Hours Phone:*
619-515-2555

License Number: A108228

NPI: 1134155377



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

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




🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):
N



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



B. العيادات الصحية المؤهلة فيدرالياً

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


GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC



Provider ID: 206361
 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035
 Phone: 619-515-2555
 After Hours Phone: 619-515-2555
License Number: A113001
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None



 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N


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


GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035




 Phone: 619-515-2555
 After Hours Phone: 619-515-2555
License Number: A114181
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N



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

 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035
 Phone: 619-515-2555
 After Hours Phone: 619-515-2555
License Number: A116680
NPI: 1134155377

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


 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N



 *Accessibility: CONTACT*

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

 Website: www.fhcsd.org



GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC


Provider ID: 206361
 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555
 After Hours Phone: 619-515-2555

License Number: A148014
NPI: 1134155377


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


 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL): N

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

 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

☎ *After Hours Phone:*
619-515-2555
License Number: A149063
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

🗺 *Site English Spoken:* Yes
Cultural Competency: No
🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):
N

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

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
📍 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035
☎ *Phone:* 619-515-2555
☎ *After Hours Phone:*
619-515-2555
License Number: A154298
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None

🗺 *Site English Spoken:* Yes
Cultural Competency: No
🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 *Website:* www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
📍 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

☎ *Phone:* 619-515-2555
☎ *After Hours Phone:*
619-515-2555

License Number: A163464
NPI: 1134155377

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

🗺 *Site English Spoken:* Yes
Cultural Competency: No
🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):
N

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

🌐 *Website:* www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
📍 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

☎ *Phone:* 619-515-2555
☎ *After Hours Phone:*

619-515-2555

License Number: A164859

NPI: 1134155377

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

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

🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):
N

♿ *Accessibility:* CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

🌐 *Website:* www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
📍 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

☎ *Phone:* 619-515-2555
☎ *After Hours Phone:*
619-515-2555

License Number: A169342
NPI: 1134155377

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

🗺 *Site English Spoken:* Yes
Cultural Competency: No
🕒 *Hours:* SU-SA 9AM-5PM
American Sign Language (ASL):
N


♿ *Accessibility:* CONTACT PROVIDER

Medical Group/IPA: FAMILY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً


HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555

 After Hours Phone:
619-515-2555


License Number: A178499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555

 After Hours Phone:
619-515-2555


License Number: A55932

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555

 After Hours Phone:
619-515-2555


License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555

 After Hours Phone:
619-515-2555


License Number: A76059

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555

 After Hours Phone:
619-515-2555


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً

License Number: G78814
NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555


 After Hours Phone:
619-515-2555

License Number: NP10943

NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555

 After Hours Phone:
619-515-2555


License Number: NP95013978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035


 Phone: 619-515-2555

 After Hours Phone:
619-515-2555

License Number: PA54588
NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org


GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555


Fax: 619-462-5584

 After Hours Phone:
619-515-2555


NPI: 1134155377

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

Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً


HEALTH CENTERS OF SAN DIEGO


 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555

 After Hours Phone:
619-515-2555


License Number: 20A11535

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035

 Phone: 619-515-2555


 After Hours Phone:
619-515-2555


License Number: 20A14919

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org


SPRING VALLEY

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035

 Phone: 619-515-2555

 After Hours Phone:
619-515-2555


License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO


 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035

 Phone: 619-515-2555


 After Hours Phone:
619-515-2555


License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: FAMILY
HEALTH CENTERS OF SAN
DIEGO

 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361





 8788 JAMACHA RD
SPRING VALLEY, CA
91977-4035

 Phone: 619-515-2555

 After Hours Phone:







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدرالياً

619-515-2555
License Number: C174771
NPI: 1134155377
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 9AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO
 Website: www.fhcsd.org




VISTA

VCC DURIAN

Provider ID: 411518
 105 DURIAN ST STE A
VISTA, CA 92083-6206
 Phone: 844-308-5003
Fax: 760-414-3892
 After Hours Phone:
844-308-5003
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None
 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF



SOUTHERN CALIFORNIA
 Website: N/A



VCC DURIAN

Provider ID: 411518
 105 DURIAN ST STE A
VISTA, CA 92083-6206
 Phone: 844-308-5003
Fax: 760-414-3892
 After Hours Phone:
844-308-5003

License Number: 1851300123
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):
N

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

VCC DURIAN




Provider ID: 411518
 105 DURIAN ST STE A
VISTA, CA 92083-6206
 Phone: 844-308-5003
Fax: 760-414-3892
 After Hours Phone:
844-308-5003

License Number: 80000328
NPI: 1598122871



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



 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8:30AM-5PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339
 134 GRAPEVINE RD
VISTA, CA 92083-4004
 Phone: 760-631-5000
 After Hours Phone:
760-631-5000
License Number: DC32054
NPI: 1598122871

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

 Site English Spoken: Yes
Cultural Competency: No
 Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339
 134 GRAPEVINE RD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

VISTA, CA 92083-4004

☎ Phone: 760-631-5000

📞 After Hours Phone:
760-631-5000

License Number: NP7791

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

🗨 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

📍 134 GRAPEVINE RD
VISTA, CA 92083-4004

☎ Phone: 760-631-5000

📞 After Hours Phone:
760-631-5000

License Number: PA20775

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

🗨 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

📍 134 GRAPEVINE RD
VISTA, CA 92083-4004

☎ Phone: 760-631-5000

📞 After Hours Phone:
760-631-5000

License Number: RN410247

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

🗨 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

📍 134 GRAPEVINE RD
VISTA, CA 92083-4004

☎ Phone: 760-631-5000

Fax: 760-414-3892

📞 After Hours Phone:
760-631-5000

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

🗨 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

📍 135 GRAPEVINE RD
VISTA, CA 92083-4004

☎ Phone: 760-631-5000

📞 After Hours Phone:
760-631-5000

License Number: A60517

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

🗨 Site English Spoken: Yes
Cultural Competency: No

🕒 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

🌐 Website: N/A

VISTA COMMUNITY CLINIC GRAPEVINE

Provider ID: 400339

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

136 GRAPEVINE RD
VISTA, CA 92083-4004
Phone: 760-631-5000
Fax: 760-414-3892
After Hours Phone:
760-631-5000
License Number: 80000328
NPI: 1598122871

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

Site English Spoken: Yes
Cultural Competency: Yes
Hours: SU-SA 8AM-5PM
American Sign Language (ASL):
N

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

Website: N/A

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 844-308-5003
After Hours Phone:
844-308-5003

License Number: NP11448
NPI: 1598122871

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

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

Cultural Competency: No
Hours: SU-SA 8AM-8PM
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 844-308-5003
After Hours Phone:
844-308-5003

License Number: PA20775
NPI: 1598122871

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

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

Cultural Competency: No
Hours: SU-SA 8AM-8PM
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-414-3892

After Hours Phone:
760-414-3892

License Number: DC31392
NPI: 1598122871

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

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

Cultural Competency: No
Hours: SU-SA 8AM-8PM
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218
Phone: 760-414-3892
After Hours Phone:
760-414-3892

License Number: NP23217
NPI: 1598122871


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

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

Cultural Competency: No
Hours: SU-SA 8AM-8PM
American Sign Language (ASL):
N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدرالياً


 **Accessibility: CONTACT PROVIDER**

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-414-3892

 After Hours Phone: 760-414-3892


License Number: NP95003087
NPI: 1598122871

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


Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL): N

 **Accessibility: CONTACT PROVIDER**


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org


VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-414-3892

 Fax: 760-414-3892

 After Hours Phone: 760-414-3892


License Number: 20A9149
NPI: 1598122871

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

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL): N

 **Accessibility: CONTACT PROVIDER**


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000


License Number: 20A13745
NPI: 1598122871

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

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL): N

 **Accessibility: CONTACT PROVIDER**


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000


License Number: 20A18374
NPI: 1598122871

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

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish


Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL): N

 **Accessibility: CONTACT PROVIDER**


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

760-631-5000
License Number: 20A7241
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

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

Cultural Competency: No
⌚ Hours: SU-SA 8AM-8PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338
 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 760-631-5000
 After Hours Phone: 760-631-5000

License Number: 20A8949
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

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

Cultural Competency: No
⌚ Hours: SU-SA 8AM-8PM
American Sign Language (ASL): N

 Accessibility: CONTACT

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

VISTA COMMUNITY CLINIC

Provider ID: 206338
 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 760-631-5000
 After Hours Phone: 760-631-5000

License Number: A125026
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

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

Cultural Competency: No
⌚ Hours: SU-SA 8AM-8PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338
 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 760-631-5000
 After Hours Phone: 760-631-5000

License Number: A173511
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

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




Cultural Competency: No
⌚ Hours: SU-SA 8AM-8PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338
 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 760-631-5000
 After Hours Phone: 760-631-5000

License Number: A56214
NPI: 1598122871
Accepting New Patients: Yes
Min/Max Age: 0\None

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

Cultural Competency: No
⌚ Hours: SU-SA 8AM-8PM
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


B. العيادات الصحية المؤهلة فيدراليًا


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: A62780

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes


Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: A80635

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: C143703

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM


American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: C162072

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER


Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: C171929

NPI: 1598122871

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone: 760-631-5000

License Number: C52564

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone: 760-631-5000

License Number: DC32054

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone: 760-631-5000

License Number: DPM3999

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone: 760-631-5000

License Number: G51286

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

nityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: G79676

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: G86902

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: NP10896

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: NP95003571

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP OF
SOUTHERN CALIFORNIA

Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:
760-631-5000

License Number: NP95009149

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None


Site English Spoken: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

B. العيادات الصحية المؤهلة فيدراليًا


 Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000


 After Hours Phone:
760-631-5000


License Number: NP95009284

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000


License Number: NP95016368

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000


License Number: PA19629

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:

Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: www.vistacommunityclinic.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ALPINE

**CERTIFIED NURSE
PRACTITIONER**

KAHL, NICHOLAS

Provider ID: 517802

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

**CERTIFIED NURSE
PRACTITIONER**

SANDERS, JESSICA

Provider ID: 517802

Provider Gender: Female

License Number: NP23004

NPI: 1760765333

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

**CERTIFIED NURSE
PRACTITIONER**

TODD, MIKAYLA

Provider ID: 517802

Provider Gender: Female

License Number: NP95005999

NPI: 1316478092

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.mtnhealth.org

g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

ABDULRAHIM, AHMED

Provider ID: 517802

Provider Gender: Male

License Number: DC28335

NPI: 1619040292

Provider English Spoken: Y

Provider Language(s)
Spoken: Burmese, Gujarati,
Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

KELCHNER, MATTHEW

Provider ID: 517802


Provider Gender: Male


License Number: DC22733


NPI: 1174656755


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

BAUTISTA, LUIS

Provider ID: 517802

Provider Gender: Male

License Number: A97270

NPI: 1295712206

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:


COMMUNITY REGIONAL


MEDICAL CENTER-FRESNO,


ST AGNES MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

DUBE, BIANCA

Provider ID: 517802

Provider Gender: Female


License Number: C172036


NPI: 1740535152

Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

KAUFHOLD, ANNE

Provider ID: 517802

Provider Gender: Female

License Number: A88893

NPI: 1164508073


Provider English Spoken: Y


Provider Language(s)
Spoken: Arabic, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

VAN HOLLEBEKE, RACHEL

Provider ID: 517802

Provider Gender: Female

License Number: A177337

NPI: 1497217756


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
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

WYLIE, BLAKE

Provider ID: 517802

Provider Gender: Male

License Number: 20A11088

NPI: 1922314145

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL


HOSPITAL ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FQHC

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,


Provider ID: 517802


NPI: 1770124315

Provider English Spoken: Y


Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 320-3347

 After Hours Phone: (619)
662-4100

 Website: www.mtnhealth.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

STENSMAN, LARS

Provider ID: 517802

Provider Gender: Male

License Number: A158569

NPI: 1659638062

Provider English Spoken: Y


Provider Language(s)
Spoken: Danish, French,
Norwegian, Swedish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

STENSMAN, LARS







Provider ID: 595793

Provider Gender: Male

NPI: 1659638062





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Danish, French,
 Norwegian, Swedish
 Cultural Competency: N
 Board Certified Specialty: No
**RADY CHILDRENS HEALTH
 NETWORK**

 1620 ALPINE BLVD STE 110
 ALPINE, CA 91901
 Phone: (619) 662-4100
 Fax: (619) 205-6305
 After Hours Phone: (619)
 662-4100
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT







BAISLEY, SHAWN

Provider ID: 517802
 Provider Gender: Male
 License Number: PA52347
 NPI: 1376936120
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1620 ALPINE BLVD STE 110
 ALPINE, CA 91901
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100

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

PHYSICIANS ASSISTANT

SHARPE, NORMA

Provider ID: 517802
 Provider Gender: Female
 License Number: PA20490
 NPI: 1619100237
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1620 ALPINE BLVD STE 110
 ALPINE, CA 91901
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.mtnhealth.org
 g
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

BORREGO SPRINGS

DERMATOLOGY


GREENWAY, HUBERT

Provider ID: 185179

Provider Gender: Male

License Number: C39104

NPI: 1366419004

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 GREEN HOSPITAL
 Board Certified Specialty: No
**BORREGO COMMUNITY
 HEALTH FOUNDATION**

 4343 YAQUI PASS RD
 BORREGO SPRINGS, CA
 92004

 Phone: (760) 767-5051
 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

Provider ID: 185179

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
 إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

HOSPITAL

Board Certified Specialty: No
BORREGO COMMUNITY
HEALTH FOUNDTION

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

GHAFARI, DAUOD

Provider ID: 185179

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
BORREGO COMMUNITY
HEALTH FOUNDTION

4343 YAQUI PASS RD
BORREGO SPRINGS, CA
92004

Phone: (760) 767-5051

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

Hours: M-F 8AM-5PM

FQHC

BORREGO MEDICAL CLINIC,

Provider ID: 185179

NPI: 1134144165

Provider English Spoken: Y
Cultural Competency: N
BORREGO COMMUNITY

HEALTH FOUNDTION

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

Hours: M-F 8AM-5PM

CAMPO

CERTIFIED NURSE

PRACTITIONER

LIEBER, CAROL

Provider ID: 519686

Provider Gender: Female

License Number: NP20849

NPI: 1487889846

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS
RD
CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

BAUM, PETER

Provider ID: 549082

Provider Gender: Male

NPI: 1174919971

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

RADY CHILDRENS HEALTH

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM

FAMILY PRACTICE

BAUM, PETER

Provider ID: 519686

Provider Gender: Male

License Number: 20A14949

NPI: 1174919971

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

CORONADO, MYRNA

Provider ID: 519686

Provider Gender: Female

License Number: A112627

NPI: 1710147566

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

KAUFHOLD, ANNE

Provider ID: 519686

Provider Gender: Female

License Number: A88893

NPI: 1164508073

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD
CAMPO, CA 91906

Phone: (619) 445-6200

After Hours Phone: (619) 445-6200

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

MCINTYRE, RYAN

Provider ID: 519686

Provider Gender: Male

License Number: A133029

NPI: 1164776555

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

FAMILY PRACTICE

ORTIZ, KENNETH

Provider ID: 519686
 Provider Gender: Male
 License Number: A156607
 NPI: 1356761571
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL,
 SCRIPPS MEMORIAL
 HOSPITAL

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1388 BUCKMAN SPRINGS
 RD
 CAMPO, CA 91906
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100

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

FAMILY PRACTICE

ROGERS, MATTHEW

Provider ID: 519686
 Provider Gender: Male
 License Number: 20A18400
 NPI: 1639606130
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1388 BUCKMAN SPRINGS
 RD
 CAMPO, CA 91906
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100

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

FAMILY PRACTICE

ROGERS, MATTHEW

Provider ID: 530207

Provider Gender: Male
 NPI: 1639606130
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

1388 BUCKMAN SPRINGS
 RD
 CAMPO, CA 91906
 Phone: (619) 662-4100
 Fax: (619) 824-9071
 After Hours Phone: (619)
 662-4100
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N

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

FAMILY PRACTICE

SAIDRO, LUZVIMINDA

Provider ID: 519686
 Provider Gender: Female
 License Number: A93746
 NPI: 1750364386
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog
 Cultural Competency: N

Hospital Affiliation: UC DAVIS
 MEDICAL CTR

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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: 519686

NPI: 1174164719

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 478-9164

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

INTERNAL MEDICINE

IBANEZ, SIR CEDRIC

Provider ID: 519686

Provider Gender: Male

License Number: A112484

NPI: 1841496452

Provider English Spoken: Y

Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: NATIVIDAD MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

SHARPE, NORMA

Provider ID: 519686

Provider Gender: Female

License Number: PA20490

NPI: 1619100237

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

CARLSBAD

CERTIFIED NURSE PRACTITIONER

YOUNG, JENNIFER

Provider ID: 480120

Provider Gender: Female

License Number: NP95003087

NPI: 1558701094

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


1295 CARLSBAD VILLAGE DR STE 100

CARLSBAD, CA 92008


Phone: (760) 736-6767


After Hours Phone: (760) 736-6767

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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


Provider ID: 480120
 Provider Gender: Female
 License Number: NP95003087
 NPI: 1558701094

 Provider English Spoken: Y
 Cultural Competency: N

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP


 1295 CARLSBAD VILLAGE
 DR STE 100
 CARLSBAD, CA 92008

 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767

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

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER


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



FQHC

TRUECARE,


Provider ID: 480120
 NPI: 1245246917

 Provider English Spoken: Y
 Cultural Competency: N

IHP OF SOUTHERN CAL-PHP
 1295 CARLSBAD VILLAGE
 DR STE 100
 CARLSBAD, CA 92008


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

 After Hours Phone: (760)
 736-6767

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

American Sign Language (ASL):
 N



 Accessibility: CONTACT PROVIDER

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

PEDIATRICS

BURGAMY, ELIZABETH


Provider ID: 326275
 Provider Gender: Female
 NPI: 1164609558



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


Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL
 ENCINITAS, SHARP
 MEMORIAL HOSPITAL,
 SCRIPPS MEMORIAL


HOSPITAL

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 3257 CAMINO DE LOS
 COCHES STE 202
 CARLSBAD, CA 92009


 Phone: (760) 633-3640
 Fax: (760) 633-3644

 After Hours Phone: (760)
 633-3640

 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL):
 N



 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


PEDIATRICS



IYENGAR, RADHA

Provider ID: 480120
 Provider Gender: Female
 License Number: A49273
 NPI: 1265448112




 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Hindi, Spanish,
 Tagalog, Tamil

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

 1295 CARLSBAD VILLAGE
 DR STE 100
 CARLSBAD, CA 92008









 Phone: (760) 736-6767
 After Hours Phone: (760)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

736-6767
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 SA 8AM-2PM

PEDIATRICS









IYENGAR, RADHA

Provider ID: 480120
 Provider Gender: Female
 License Number: A49273
 NPI: 1265448112
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Hindi, Spanish,
 Tagalog, Tamil
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1295 CARLSBAD VILLAGE
 DR STE 100
 CARLSBAD, CA 92008
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

SA 8AM-2PM








PEDIATRICS

MUTH, NATALIE

Provider ID: 328451
 Provider Gender: Female
 NPI: 1497982888
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY
 MEDICAL CTR, SCRIPPS
 MEMORIAL HOSPITAL
 ENCINITAS, SCRIPPS
 MEMORIAL HOSPITAL
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 3257 CAMINO DE LOS
 COCHES STE 202
 CARLSBAD, CA 92009
 Phone: (760) 633-3640
 Fax: (760) 633-3644
 After Hours Phone: (760)
 633-3640
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM



PEDIATRICS

OCONNOR, ERICA

Provider ID: 651599
 Provider Gender: Female
 NPI: 1134782725
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 3257 CAMINO DE LOS
 COCHES STE 202
 CARLSBAD, CA 92009
 Phone: (760) 633-3640
 Fax: (760) 633-3644
 After Hours Phone: (760)
 633-3640
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

TANAKA, MARY

Provider ID: 465387
 Provider Gender: Female
 NPI: 1295962686
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Thai
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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**

Provider ID: 206355

Provider Gender: Male

License Number: NP95001964

NPI: 1194115568

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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

IBARRA, MARTHA

Provider ID: 427322

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

LEONARD, BEVERLY

Provider ID: 206355

Provider Gender: Female

License Number: NP10943

NPI: 1285772392

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER


CERTIFIED NURSE PRACTITIONER



OWEN, MICHAEL

Provider ID: 206355

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

CERTIFIED NURSE PRACTITIONER

QUILALANG, SUSAN

Provider ID: 427322
 Provider Gender: Female
 License Number: 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- medic
 al- plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE PRACTITIONER

QUILALANG, SUSAN






Provider ID: 427322
 Provider Gender: Female
 License Number: RN371480
 NPI: 1841200482
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org
 /clinics/chula- vista- medic
 al- plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE PRACTITIONER

ROSS, CRYSTAL

Provider ID: 427322
 Provider Gender: Female
 License Number: NP95015413
 NPI: 1548683378
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON, GROSSMONT
 HOSPITAL

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org
 /clinics/chula- vista- medic
 al- plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE PRACTITIONER

SAUNDERS, DENISE

Provider ID: 206355
 Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

License Number: NP23687
NPI: 1952737033
☐ Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 251 LANDIS AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 515-2500
🕒 After Hours Phone: (619)
515-2500

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

SICKLES, MAGGIE

Provider ID: 427322
Provider Gender: Female
License Number: NP22000
NPI: 1821346826

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

📍 678 3RD AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 662-4100
🕒 After Hours Phone: (619)
662-4100

🌐 Website: www.syhealth.org

/clinics/chula- vista- medic
al- plaza

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

CERTIFIED NURSE PRACTITIONER

VEGA, TERESA

Provider ID: 206355
Provider Gender: Female
License Number: NP95001705
NPI: 1912304569

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

📍 251 LANDIS AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 515-2500
🕒 After Hours Phone: (619)
515-2500

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

WILLIAMS, TAKISHA

Provider ID: 206355
Provider Gender: Female
License Number: NP95013978
NPI: 1881727386

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

📍 251 LANDIS AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 515-2500
🕒 After Hours Phone: (619)
515-2500

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE

BOSTON, LAURA

Provider ID: 206355
Provider Gender: Female
License Number: NM792
NPI: 1174553259

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

HASHEM, SHIVA

Provider ID: 206355

Provider Gender: Female

License Number: DC26269

NPI: 1952950776

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

CHIROPRACTOR

KAZEM, HARON

Provider ID: 427322

Provider Gender: Male

License Number: DC33295

NPI: 1306221262

Provider English Spoken: Y

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

Cultural Competency: N

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

CHIROPRACTOR

PLANTE, CHARLES

Provider ID: 427322

Provider Gender: Male

License Number: DC31963

NPI: 1760464960

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

REYNOSO, ALFONSO

Provider ID: 427322

Provider Gender: Male

License Number: DC20760

NPI: 1285921627

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

ENDOCRINOLOGY METABOLISM DIABETES

CARRILLO, MARITZA
 Provider ID: 427322
 Provider Gender: Female
 License Number: A163183
 NPI: 1649628587
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org
 /clinics/chula- vista- 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

ENDOCRINOLOGY METABOLISM DIABETES

CRUZ, MICHAEL
 Provider ID: 427322
 Provider Gender: Male
 License Number: A138772
 NPI: 1265851133
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL
 Board Certified Specialty: No
 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

ENDOCRINOLOGY METABOLISM DIABETES

VINCENT, LAUREN
 Provider ID: 427322

Provider Gender: Female
 License Number: A134303
 NPI: 1053757997
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org
 /clinics/chula- vista- medic
 al- plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

FAMILY PRACTICE


ALANIZ, MATEO
 Provider ID: 427322
 Provider Gender: Male
 License Number: A124388
 NPI: 1700175577
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

AMANAT, SOROOSH



Provider ID: 427322
 Provider Gender: Male
 License Number: A153022
 NPI: 1003279621
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi, Spanish
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP


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



al- plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:30AM-5:30PM
 SA 8AM-2:30PM

FAMILY PRACTICE

ARCE GOMEZ, LAURA



Provider ID: 427322
 Provider Gender: Female
 License Number: A123604
 NPI: 1053532986
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: CHULA
 VISTA COMM HOSP
 Board Certified Specialty: No
 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
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

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

FAMILY PRACTICE

CAMPOS, MELISSA

Provider ID: 427322
 Provider Gender: Female
 License Number: A138474
 NPI: 1427475318
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP



 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

CHERY, FARAH

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Provider ID: 206355
 Provider Gender: Female
 License Number: A108681
 NPI: 1114183688
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: EL
 CENTRO REGIONAL MEDICAL
 CENTER, SHARP CHULA VISTA
 MED CTR
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 251 LANDIS AVE
 CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619)
 515-2500
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE

CHERY, FARAH

Provider ID: 417641
 Provider Gender: Female
 License Number: A108681
 NPI: 1114183688
 Provider English Spoken: Y
 Provider Language(s)


Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: EL
 CENTRO REGIONAL MEDICAL
 CENTER, SHARP CHULA VISTA
 MED CTR
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 352 L ST
 CHULA VISTA, CA 91911
 Phone: (619) 515-2325
 After Hours Phone: (619)
 515-2325
 Website: www.fhcsd.org
 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

Provider ID: 206355
 Provider Gender: Female
 License Number: A153344
 NPI: 1467807560
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 251 LANDIS AVE
 CHULA VISTA, CA 91910
 Phone: (619) 515-2500

 After Hours Phone: (619)
 515-2500
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

FAMILY PRACTICE

ELSAIED, MOHAMMED

Provider ID: 19561
 Provider Gender: Male
 NPI: 1821033424
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic, German,
 Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA, SCRIPPS
 MEMORIAL HOSPITAL,
 PARADISE VALLEY HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

FAMILY PRACTICE

ELSAYED, MOHAMMED

Provider ID: 19561

Provider Gender: Male

NPI: 1821033424

Provider English Spoken: Y

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

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

PARADISE VALLEY HOSPITAL,


SCRIPPS MERCY HOSPITAL,

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): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

FAMILY PRACTICE

GARCIA, KARLA

Provider ID: 427322

Provider Gender: Female

License Number: A120672

NPI: 1154647410

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

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-medic-al-plaza


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1922531250

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

HUBLEY, PAUL

Provider ID: 206355

Provider Gender: Male

License Number: A73172

NPI: 1568496974

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

JIMENEZ, KRYSTAL

Provider ID: 427322


Provider Gender: Female

License Number: A159831

NPI: 1922531250



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


C. دليل الرعاية الأولية

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

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


 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

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

Provider ID: 427322

Provider Gender: Female

License Number: A177922


NPI: 1679137780


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


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE



LAW, KAREN

Provider ID: 427322

Provider Gender: Female

License Number: A138534

NPI: 1205253150



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


Cultural Competency: N

Hospital Affiliation: CHULA
VISTA COMM HOSP

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

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

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE



MCKENNETT, MARIANNE

Provider ID: 427322

Provider Gender: Female

License Number: G57243

NPI: 1376639666



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


Cultural Competency: N

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

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

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

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None







American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

MENON, POOJA

Provider ID: 427322
 Provider Gender: Female
 License Number: A123263
 NPI: 1053600064
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

MERRILL, SARAH




Provider ID: 427322
 Provider Gender: Female
 License Number: A123492
 NPI: 1225399512
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY




THORNTON

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 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

Provider ID: 427322
 Provider Gender: Female
 License Number: A80185
 NPI: 1093844417
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910


 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

NGUYEN, CARIE

Provider ID: 427322
 Provider Gender: Female
 License Number: A106103
 NPI: 1174781132
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


NGUYEN, LINH

Provider ID: 417641

Provider Gender: Female

License Number: A144995

NPI: 1619357993

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 352 L ST

CHULA VISTA, CA 91911

 Phone: (619) 515-2325

 After Hours Phone: (619) 515-2325

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


PALOMINO, MARY

Provider ID: 427322

Provider Gender: Female

License Number: A115699

NPI: 1770718975

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA VISTA


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org /clinics/chula- vista- 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


PEDROTTY, JOHN

Provider ID: 427322

Provider Gender: Male

License Number: G80234

NPI: 1992861629

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SHARP


CORONADO HOSP AND

HEALTHCARE CTR


Board Certified Specialty: No
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

PEREZ, PERLITA

Provider ID: 206355

Provider Gender: Female

License Number: A119689

NPI: 1174810972

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


PIEROS, JANELLE


Provider ID: 427322

Provider Gender: Female

License Number: 20A13225

NPI: 1386935914

 Provider English Spoken: Y

 Provider Language(s) Spoken: Faroese, Spanish



Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No 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

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


PINA, RAQUEL

Provider ID: 206355

Provider Gender: Female

License Number: A177698

NPI: 1255893368

 Provider English Spoken: Y



 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No 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

FAMILY PRACTICE


PISINGER, PATRICIA


Provider ID: 427322

Provider Gender: Female

License Number: A69264

NPI: 1861428302

 Provider English Spoken: Y

 Provider Language(s) Spoken: Czech

Cultural Competency: N

Hospital Affiliation: SCRIPPS



MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

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

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


ROSENBLATT, EUGENE

Provider ID: 427322

Provider Gender: Male



License Number: 20A9060


NPI: 1427123991

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


SERPAS, SHAILA

Provider ID: 427322

Provider Gender: Female

License Number: G74728

NPI: 1124039136

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY

HOSPITAL, SHARP CHULA


VISTA MED CTR, SCRIPPS

MEMORIAL HOSPITAL


Board Certified Specialty: No
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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE


SHAHTAJI, ALAN

Provider ID: 427322

Provider Gender: Male

License Number: 20A11087

NPI: 1972751089

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

SWARTZ, JOHN

Provider ID: 427322

Provider Gender: Male

License Number: G72486

NPI: 1396754131

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY

HOSPITAL, LOS ANGELES


COUNTY HARBOR UCLA

MEDICAL CENTER


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

TALAVERA, GREGORY

Provider ID: 427322

Provider Gender: Male


License Number: A40061

NPI: 1740337161

 Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

 *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

Provider ID: 427322

Provider Gender: Female

License Number: A164392

NPI: 1881198406

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD MEMORIAL HOSPITAL, 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


TOLEDO-NADER, CAROLL

Provider ID: 427322

Provider Gender: Male

License Number: A41486

NPI: 1427126648

 *Provider English Spoken: Y*

 *Provider Language(s)*
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*

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

 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

TREJO, RAUL

Provider ID: 427322

Provider Gender: Male

License Number: A77936

NPI: 1174534184

 *Provider English Spoken: Y*

 *Provider Language(s)*
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*

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

 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

VELASQUEZ, SHARON

Provider ID: 427322

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

WHITLEY, NICHOLAS

Provider ID: 427322

Provider Gender: Male

License Number: A118250

NPI: 1629394721

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

YOON, RYAN

Provider ID: 427322

Provider Gender: Male

License Number: A114600

NPI: 1942435144

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No
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

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: 206355

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FQHC

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,

Provider ID: 417641

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

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 CHULA VISTA,

Provider ID: 427322

NPI: 1326486861

☐ Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 678 3RD AVE

CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (619) 425-6941

🕒 After Hours Phone: (619)

662-4100

🌐 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM
SA 8AM-4PM

FQHC

SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS,

Provider ID: 664445

NPI: 1184135873

☐ Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 280 E ST

CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

Fax: (619) 426-2170

🕒 After Hours Phone: (619) 662-4100

🌐 Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

GENERAL DENTISTRY

PHAM, QUYNH

Provider ID: 427322

Provider Gender: Female

License Number: DDS102880

NPI: 1366917353

☐ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 678 3RD AVE

CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619) 662-4100

🌐 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

GENERAL PRACTICE

SAMI, REMAN

Provider ID: 427322

Provider Gender: Female

License Number: 20A19457

NPI: 1295362242

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

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP





📍 678 3RD AVE



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

HEMATOLOGY / ONCOLOGY





QUIROZ, ELISA

Provider ID: 427322
 Provider Gender: Female
 License Number: A162816
 NPI: 1932558301
 Provider English Spoken: Y
 Provider Language(s) Spoken: Portuguese, Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS 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
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

INTERNAL MEDICINE







CHEN, TSUH-YIN

Provider ID: 427322
 Provider Gender: Female
 License Number: C55563
 NPI: 1093803520
 Provider English Spoken: Y
 Provider Language(s) Spoken: Portuguese, Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

HAMMETT, ERIN

Provider ID: 427322
 Provider Gender: Female
 License Number: 20A14025
 NPI: 1467884098
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SANTA BARBARA COTTAGE HOSP, GOLETA VALLEY COTTAGE HOSP
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

INTERNAL MEDICINE


KAKAIYA, ROSHNI

Provider ID: 427322

Provider Gender: Female

License Number: 20A19485

NPI: 1073179529

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

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

Provider ID: 427322

Provider Gender: Female


License Number: C182935


NPI: 1598020752


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


INTERNAL MEDICINE

UWEDJOJEVWE, LETICIA

Provider ID: 380242

Provider Gender: Female

NPI: 1891882221

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

 340 4TH AVE STE 10

CHULA VISTA, CA 91910

 Phone: (619) 934-2215

Fax: (619) 500-5955

 After Hours Phone: (619)
934-2215


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

INTERNAL MEDICINE

VELAZQUEZ CAMARENA, MARIA

Provider ID: 427322

Provider Gender: Female

License Number: A56153

NPI: 1518965714

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

WEN, AKI YEN CHANG

Provider ID: 427322

Provider Gender: Male

License Number: 20A12555

NPI: 1205126505

☐ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 678 3RD AVE
CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)
662-4100

🌐 Website: www.syhealth.org/clinics/chula-vista-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

BUECHNER, CHARLENE

Provider ID: 206355

Provider Gender: Female

License Number: A68463

NPI: 1376663831

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL
CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 251 LANDIS AVE
CHULA VISTA, CA 91910

☎ Phone: (619) 515-2500

🕒 After Hours Phone: (619)
515-2500

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 206355

Provider Gender: Male

License Number: A113001

NPI: 1225231582

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 251 LANDIS AVE
CHULA VISTA, CA 91910

☎ Phone: (619) 515-2500

🕒 After Hours Phone: (619)
515-2500

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F
8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 206355

Provider Gender: Female

License Number: A163464

NPI: 1326531401

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp

Grossmont Hospital

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 206355

Provider Gender: Male

License Number: A108228

NPI: 1629277322

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 206355

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 206355

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206355

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

251 LANDIS AVE
CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619)
515-2500

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO

Provider ID: 427322
Provider Gender: Male
License Number: A47906
NPI: 1437181922

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

Cultural Competency: N
Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA, BAKERSFIELD
MEMORIAL HOSP, SHARP
MEMORIAL HOSPITAL,
Adventist Health Bakersfield,
SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL
HOSPITAL, KERN MEDICAL
CENTER, KERN MEDICAL
CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 206355
Provider Gender: Female
License Number: A164859
NPI: 1952751711

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

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

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

SEFA-BOAKYE, KOFI

Provider ID: 427322

Provider Gender: Male

License Number: G59670

NPI: 1902993660

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

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- medic



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

N
 Accessibility: CONTACT PROVIDER



OBSTETRICS / GYNECOLOGY

SHORT, ABIADÉ

Provider ID: 427322
Provider Gender: Male
License Number: A114893
NPI: 1750559589
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP


 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/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

Provider ID: 206355
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital
Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619) 515-2500
 Website: www.fhcsd.org



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

N
 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY


TRUJILLO, JENNIFER

Provider ID: 427322
Provider Gender: Female
License Number: 20A8204
NPI: 1053407593

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

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

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



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

N
 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 206355
Provider Gender: Male
License Number: G78814
NPI: 1699790634

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

PAPASTERGIU, GEORGIOS

Provider ID: 427322

Provider Gender: Male

License Number: A127706

NPI: 1790054393

Provider English Spoken: Y

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

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL
CENTER, SCRIPPS MEMORIAL

HOSPITAL, SHARP MEMORIAL
HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/chula- vista- 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

PONS, MAURICIO

Provider ID: 427322

Provider Gender: Male

License Number: A87650

NPI: 1376723759

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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

Board Certified Specialty: No

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

OPHTHALMOLOGY

SKAF, AYHAM

Provider ID: 427322

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Spanish
Cultural Competency: N



Hospital Affiliation: EL

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

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP



678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

AKASHI, MARC
 Provider ID: 163322
 Provider Gender: Male
 NPI: 1205002417
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 769 MEDICAL CENTER CT STE 300
 CHULA VISTA, CA 91911
 Phone: (619) 482-3090
 Fax: (619) 482-7350
 After Hours Phone: (619) 482-3090
 Website: N/A
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM


PEDIATRICS

ATIENZA, PAMELA
 Provider ID: 106987
 Provider Gender: Female
 NPI: 1417916107
 Provider English Spoken: Y
 Provider Language(s) Spoken: Tagalog
 Cultural Competency: N
 Hospital Affiliation: SHARP CHULA VISTA MED CTR
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 890 EASTLAKE PKWY STE 200
 CHULA VISTA, CA 91914
 Phone: (619) 656-6817
 Fax: (619) 656-6908
 After Hours Phone: (619) 506-1218
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM

PEDIATRICS

BARBADILLO, FERDINAND
 Provider ID: 70456
 Provider Gender: Male
 NPI: 1982662193
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: SHARP CHULA VISTA MED CTR
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 890 EASTLAKE PKWY STE 200
 CHULA VISTA, CA 91914
 Phone: (619) 656-6817
 Fax: (619) 656-6908
 After Hours Phone: (619) 656-6817
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 9AM-5PM

PEDIATRICS



BROUDY, ABRAHAM
 Provider ID: 109328
 Provider Gender: Male
 NPI: 1528039526
 Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية



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







PEDIATRICS

CAPETANAKIS, ELENI
Provider ID: 89610
Provider Gender: Female
NPI: 1346211554
 Provider English Spoken: Y
 Provider Language(s) Spoken: Greek, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL




CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK
 865 3RD AVE STE 101 CHULA VISTA, CA 91911
 Phone: (619) 426-7910
Fax: (619) 426-2337
 After Hours Phone: (619) 426-7910
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

CORDOBA, MIGUEL
Provider ID: 88187
Provider Gender: Male
NPI: 1053382176
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED

CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 865 3RD AVE STE 101 CHULA VISTA, CA 91911
 Phone: (619) 426-7910
Fax: (619) 426-2337
 After Hours Phone: (619) 426-7910
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

DONG, TAMMY
Provider ID: 427322
Provider Gender: Female
License Number: A66903
NPI: 1386655413
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 678 3RD AVE CHULA VISTA, CA 91910








اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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








Provider ID: 267100
 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\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS


FLETCHER, EMILY

Provider ID: 232312
 Provider Gender: Female
 NPI: 1780935940
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, MERCY HOSPITAL BAKERSFIELD, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 2440 FENTON ST STE 100
 CHULA VISTA, CA 91914
 Phone: (619) 656-3040
 Fax: (619) 656-3045
 After Hours Phone: (619) 656-3040
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

FLORES, ERNEST

Provider ID: 658652
 Provider Gender: Male
 NPI: 1043848807
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 865 3RD AVE STE 101
 CHULA VISTA, CA 91911
 Phone: (619) 426-7910
 Fax: (619) 426-2337
 After Hours Phone: (619) 426-7910
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

PEDIATRICS

FRESNO, BLANCA

Provider ID: 102434
 Provider Gender: Female
 NPI: 1346258787

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: PARADISE
 VALLEY HOSPITAL, SHARP
 CHULA VISTA MED CTR
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

1741 EASTLAKE PKWY STE
 107
 CHULA VISTA, CA 91915
 Phone: (619) 482-1700
 Fax: (619) 475-4578
 After Hours Phone: (619)
 482-1700
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

GARCIA, CARLOS

Provider ID: 64734
 Provider Gender: Male
 NPI: 1417959370

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

1392 E PALOMAR ST STE
 501
 CHULA VISTA, CA 91913
 Phone: (619) 271-4059
 Fax: (619) 271-7451
 After Hours Phone: (619)
 271-4059
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-TH
 8:30AM-5:30PM
 F 8:30AM-5PM

PEDIATRICS

GARCIA, RAFAEL

Provider ID: 360408

Provider Gender: Male
 NPI: 1053414086

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

752 MEDICAL CENTER CT
 STE 210
 CHULA VISTA, CA 91911
 Phone: (619) 656-0206
 Fax: (619) 656-8936
 After Hours Phone: (619)
 656-0206
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

GHAHREMANI, SIMIN

Provider ID: 634787
 Provider Gender: Female
 NPI: 1508904657

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA
MED CTR, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

280 E ST
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 662-4196
After Hours Phone: (619)
662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

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

PEDIATRICS

GHAHREMANI, SIMIN

Provider ID: 664445
Provider Gender: Female
License Number: C51110
NPI: 1508904657
Provider English Spoken: Y
Provider Language(s)
Spoken: Faroese, Farsi
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA

MED CTR, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

280 E ST
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619)
662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21

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

PEDIATRICS

HOLLICK, NATALIE

Provider ID: 473802
Provider Gender: Female
NPI: 1558716845
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK
865 3RD AVE STE 101
CHULA VISTA, CA 91911
Phone: (619) 426-7910
Fax: (619) 426-2337
After Hours Phone: (619)
426-7910
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

ISAIAS, AGNELA

Provider ID: 664445
Provider Gender: Female
License Number: A82912
NPI: 1790772572
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:

GROSSMONT HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR, UC
SAN DIEGO HEALTH - EAST
CAMPUS MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

280 E ST
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 426-2170
After Hours Phone: (619)
662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\21
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PEDIATRICS

JACOBS-KLEISLI, MILAGROS

Provider ID: 467596

Provider Gender: Female

NPI: 1811221641

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SHARP MEMORIAL HOSPITAL,
RADY CHILDRENS HOSPITAL
SAN DIEGO, HUNTINGTON
MEMORIAL HOSPITAL, USC
Arcadia Hospital

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

769 MEDICAL CENTER CT
STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)
482-3090

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

PEDIATRICS

KORSAND, SID

Provider ID: 634788

Provider Gender: Male

NPI: 1588634513

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

Cultural Competency: N

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

280 E ST
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

KORSAND, SID

Provider ID: 664445

Provider Gender: Male

License Number: A49591

NPI: 1588634513

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

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

280 E ST
CHULA VISTA, CA 91910

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

MCMAHON, SHARON

Provider ID: 648721

Provider Gender: Female

NPI: 1487279246

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

865 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Accessibility: CONTACT PROVIDER*

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

PEDIATRICS

MISTRY, CHETAN

Provider ID: 86439

Provider Gender: Male


NPI: 1467505834

 *Provider English Spoken: Y*
Cultural Competency: N

*Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MERCY
HOSPITAL*

*Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK*

 *2440 FENTON ST STE 100
CHULA VISTA, CA 91914*

 *Phone: (619) 656-3040*

Fax: (619) 656-3045

 *After Hours Phone: (619)
656-3040*

 *Website: N/A*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT
PROVIDER*

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


PEDIATRICS

MOSQUERA, DIANA

Provider ID: 371232

Provider Gender: Female

NPI: 1144238098

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*


Cultural Competency: N

*Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO*

*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

MOSQUERA, DIANA

Provider ID: 463001

Provider Gender: Female

NPI: 1144238098

 *Provider English Spoken: Y*


 *Provider Language(s)
Spoken: Spanish*


Cultural Competency: N

*Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO*

*Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK*

 *865 3RD AVE STE 101
CHULA VISTA, CA 91911*

 *Phone: (619) 426-7910*

 *After Hours Phone: (619)
426-7910*


 *Website: N/A*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

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

PEDIATRICS


NGUYEN, TRUC

Provider ID: 78518

Provider Gender: Female

NPI: 1881884054

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Vietnamese*

Cultural Competency: N

*Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA
MED CTR, RADY CHILDRENS*

HOSPITAL SAN DIEGO,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

WASHINGTON HOSPITAL,
SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

2440 FENTON ST STE 100
CHULA VISTA, CA 91914

Phone: (619) 656-3040

Fax: (619) 656-3045

After Hours Phone: (619)
656-3040

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

OIRA, VICTORIA

Provider ID: 73140

Provider Gender: Female

NPI: 1134172448

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

890 EASTLAKE PKWY STE
203

CHULA VISTA, CA 91914

Phone: (619) 656-3020

Fax: (619) 656-3019

After Hours Phone: (619)
370-6661

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F

8:30AM-4:30PM

PEDIATRICS

PIANSAY, MARIA CORAZON

Provider ID: 427322

Provider Gender: Female

License Number: A93785

NPI: 1669680351

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

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

PEDIATRICS

ROWHANI, NAGHMEH

Provider ID: 664445

Provider Gender: Female

License Number: A92037

NPI: 1992876759

Provider English Spoken: Y

Provider Language(s)
Spoken: Persian

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

280 E ST

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

SALAZAR, JUANITA

Provider ID: 206355

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

License Number: A78355
 NPI: 1912938325
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog,
 Vietnamese
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 251 LANDIS AVE
 CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619)
 515-2500
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

SANTIAGO, ROXANE

Provider ID: 269279
 Provider Gender: Female
 NPI: 1033461801
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SHARP CHULA VISTA

MED CTR, SCRIPPS MERCY
 HOSPITAL CHULA VISTA,
 SCRIPPS MEMORIAL
 HOSPITAL, UCSF BENIOFF
 CHILDREN'S HOSPITAL
 OAKLAND, SCRIPPS MERCY
 HOSPITAL
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 865 3RD AVE STE 101
 CHULA VISTA, CA 91911
 Phone: (619) 426-7910
 Fax: (619) 426-2337
 After Hours Phone: (619)
 426-7910
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

SHETH, HASMUKH

Provider ID: 427322
 Provider Gender: Male
 License Number: A45942
 NPI: 1396812236
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Gujarati, Hindi,
 Urdu
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
 VISTA, SCRIPPS MERCY
 HOSPITAL
 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

PEDIATRICS

VALENCIA, MARILES

Provider ID: 104059
 Provider Gender: Female
 NPI: 1275541625
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, PARADISE VALLEY
 HOSPITAL, SHARP CHULA
 VISTA MED CTR, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SCRIPPS MERCY
 HOSPITAL

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

1741 EASTLAKE PKWY STE 107

CHULA VISTA, CA 91915

Phone: (619) 482-1700

Fax: (619) 475-4578

After Hours Phone: (619) 482-1700

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

YAO, CATHERINE

Provider ID: 371204

Provider Gender: Female

NPI: 1801166442

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619) 482-3090

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

ZARGAR, SHABNAM

Provider ID: 371075

Provider Gender: Female

NPI: 1417256074

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA IRVINE MED CTR, DESERT REGIONAL MED CTR, JOHN F KENNEDY MEMORIAL HOSP, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619) 482-3090

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

BALDONADO, ANALICIA

Provider ID: 417641

Provider Gender: Female

License Number: PA61683

NPI: 1215477765

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

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911

Phone: (619) 515-2325

After Hours Phone: (619) 515-2325

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

INDA, PRISCILLA

Provider ID: 427322

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

MENDEZ, JESUS

Provider ID: 427322
Provider Gender: Male
License Number: PA13796
NPI: 1023202108
 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

QUICK, ELISABETH

Provider ID: 206355
Provider Gender: Female
License Number: PA21591
NPI: 1790055010
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO
 251 LANDIS AVE
 CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619) 515-2500
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

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

PHYSICIANS ASSISTANT

REVELES, DIANA

Provider ID: 417641
Provider Gender: Female
License Number: PA19306
NPI: 1548455405
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
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

PODIATRIST

MANCHEL, BRUCE

Provider ID: 427322
Provider Gender: Male
License Number: DPM2930
NPI: 1790890788


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية





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

PODIATRIST

SCHNEIDER, SARAH


Provider ID: 206355
Provider Gender: Female
License Number: DPM4819
NPI: 1326282237
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
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

Provider ID: 206355
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

 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



CUMMINGS, GEORGE

Provider ID: 206355
Provider Gender: Male
License Number: PT295173
NPI: 1497236384
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 251 LANDIS AVE
CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619)
515-2500
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

GEORGE, JENNIFER

Provider ID: 206355
Provider Gender: Female
License Number: PT294245
NPI: 1215402177
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 251 LANDIS AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 515-2500
🕒 After Hours Phone: (619)
515-2500

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

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

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F
8:30AM-5:30PM

REGISTERED PHYSICAL THERAPIST

GONZALES, MICHELLE

Provider ID: 206355
Provider Gender: Female
License Number: PT291706
NPI: 1548714652

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

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 251 LANDIS AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 515-2500
🕒 After Hours Phone: (619)
515-2500

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID

Provider ID: 206355
Provider Gender: Male
License Number: PT293536
NPI: 1043736879

☑ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 251 LANDIS AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 515-2500
🕒 After Hours Phone: (619)
515-2500

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

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

♿ Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

RODRIGUEZ, CASSANDRA

Provider ID: 206355
Provider Gender: Female

License Number: PT292823

NPI: 1770025595

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 251 LANDIS AVE
CHULA VISTA, CA 91910
☎ Phone: (619) 515-2500
🕒 After Hours Phone: (619)
515-2500

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

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

♿ Accessibility: CONTACT
PROVIDER

RHEUMATOLOGY

REDDY, DANA

Provider ID: 427322
Provider Gender: Female
License Number: A115598
NPI: 1144538778

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

Cultural Competency: N

Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

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

SPEECH PATHOLOGIST

CABADING, DOREEN

Provider ID: 427322
Provider Gender: Female
License Number: SP18192
NPI: 1043507585

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

678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619)
662-4100
Website: www.syhealth.org/clinics/chula-vista-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

Provider ID: 418340
Provider Gender: Male
License Number: NP95009292
NPI: 1386120723

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

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

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

Accessibility: CONTACT
PROVIDER
Hours: M-F
8:30AM-5:30PM

CERTIFIED NURSE

PRACTITIONER

DRISCOLL, SUSAN

Provider ID: 569910
Provider Gender: Female
License Number: NP95012943
NPI: 1477755684

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

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

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

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

CERTIFIED NURSE PRACTITIONER

GARCIA, JOHNNY

Provider ID: 418340
Provider Gender: Male
License Number: NP95007000
NPI: 1932622156

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

CERTIFIED NURSE PRACTITIONER

HAMID, WAHIDA

Provider ID: 569910

Provider Gender: Female

License Number: NP95001707

NPI: 1164812293

Provider English Spoken: Y

Provider Language(s)
Spoken: Persian, Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

HARPEL, SHERYL

Provider ID: 569910

Provider Gender: Female

License Number: NP95009329

NPI: 1780177147

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

KELLOGG, KRISTEN

Provider ID: 418340

Provider Gender: Female

License Number: NP95009180

NPI: 1649757741

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

LEONARD, BEVERLY

Provider ID: 206354

Provider Gender: Female

License Number: NP10943

NPI: 1285772392

Provider English Spoken: Y



Provider Language(s)
Spoken: Spanish


Cultural Competency: N



Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1111 W CHASE AVE
EL CAJON, CA 92020

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Phone: (619) 515-2499
 After Hours Phone: (619) 515-2499


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




 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:30AM-5:30PM


CERTIFIED NURSE PRACTITIONER


LU, TAMMY

Provider ID: 206354
 Provider Gender: Female
 License Number: NP95007253
 NPI: 1457879132

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

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


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




 Accessibility: CONTACT PROVIDER


CERTIFIED NURSE PRACTITIONER



MANGENE, CYNTHIA

Provider ID: 206354
 Provider Gender: Female
 License Number: NP6782
 NPI: 1548292626

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




OCHOA, ERLINDA


Provider ID: 418501
 Provider Gender: Female
 License Number: NP4430
 NPI: 1346437464

 Provider English Spoken: Y
 Provider Language(s)



Spoken: Spanish

Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC

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

 Website: www.lamaestra.org



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

 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

OCHOA, ERLINDA

Provider ID: 185267
 Provider Gender: Female
 License Number: NP4430
 NPI: 1346437464

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

Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


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

CERTIFIED NURSE PRACTITIONER


ODA, THAGHAR


Provider ID: 418340

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498


 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


ODA, THAGHAR


Provider ID: 418340

Provider Gender: Female

License Number: RN810863


NPI: 1063835692


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Amharic, Arabic
Cultural Competency: N

Board Certified Specialty: No
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


Provider ID: 478971

Provider Gender: Female

License Number: NP95001710

NPI: 1598161309

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR


Board Certified Specialty: No


BORREGO COMMUNITY

HEALTH FOUNDTION

 133 W MAIN ST STE 100
EL CAJON, CA 92020

 Phone: (619) 401-0404

 After Hours Phone: (619)
401-0404


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: SU-SA 8AM-8PM

CERTIFIED NURSE PRACTITIONER

REAL, MARIA


Provider ID: 185267

Provider Gender: Female

License Number: NP17328

NPI: 1548450471

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Catalan, German,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

REGEV, SHANEE

Provider ID: 569910

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
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

REID, EMILY

Provider ID: 185267

Provider Gender: Female

License Number: NP95002766

NPI: 1083081467

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

165 S 1ST ST

EL CAJON, CA 92019

Phone: (619) 312-0347

After Hours Phone: (619)
312-0347

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

CERTIFIED NURSE PRACTITIONER

SMITH, SHARON

Provider ID: 418340

Provider Gender: Female

License Number: NP15444

NPI: 1780603597

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

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

SMITH, SHARON

Provider ID: 418340

Provider Gender: Female

License Number: RN428876

NPI: 1780603597

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

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

SWAN, MELANIE

Provider ID: 206354
Provider Gender: Female
License Number: NP95000818
NPI: 1871934414

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

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

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

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

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

CERTIFIED NURSE PRACTITIONER

VERDUZCO GONZALEZ, AURORA

Provider ID: 185267
Provider Gender: Female
License Number: NP95001961
NPI: 1932452323

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

Cultural Competency: N
Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

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

Website: www.lamaestra.org
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

Provider ID: 185267
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

Provider ID: 185267
Provider Gender: Female
License Number: NP95001840
NPI: 1063884864

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

Cultural Competency: N
Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 418340

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1306916994

N

Accessibility: CONTACT
PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE

CORRY, ANDREA

Provider ID: 418340

Provider Gender: Female

License Number: NM1721

NPI: 1255489571

Provider English Spoken: Y

Cultural Competency: N

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

HOURIHAN, KEITH

Provider ID: 418501

Provider Gender: Male

License Number: DC29314

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) 795-5983

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

CHIROPRACTOR

SOSA, DAVID

Provider ID: 418340

Provider Gender: Male

License Number: DC33150

NPI: 1013308675

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No



FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)






اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

SOSA, DAVID

Provider ID: 206354
 Provider Gender: Male
 License Number: DC33150
 NPI: 1013308675
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO






 1111 W CHASE AVE
 EL CAJON, CA 92020
 Phone: (619) 515-2499
 After Hours Phone: (619) 515-2499
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

CHIROPRACTOR

UY, ASHLEY

Provider ID: 418340
 Provider Gender: Female


License Number: DC33869
 NPI: 1174059760
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Chinese
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO






 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619) 515-2498
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

ENDOCRINOLOGY

METABOLISM DIABETES

ISLAM, JULIE

Provider ID: 418340
 Provider Gender: Female
 License Number: A149552
 NPI: 1750780516
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Bengali, Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 525 E MAIN ST

EL CAJON, CA 92020
 Phone: (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

Provider ID: 418340
 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
 Medi-Cal Open Panel: Yes


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

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

FAMILY PRACTICE


AL ANI, NAJWAN

Provider ID: 418340

Provider Gender: Female

License Number: A144974

NPI: 1275948473

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

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

ALGHAMDI, ASMA

Provider ID: 569910

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


BROWN, BRANDON

Provider ID: 418340

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


Medi-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

Provider ID: 418340

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SA 8:30AM-5:30PM

FAMILY PRACTICE

CORMAN, DANIEL

Provider ID: 418340

Provider Gender: Male

License Number: 20A13060

NPI: 1629339593

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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

DOMINGUEZ, DENNIS

Provider ID: 569910

Provider Gender: Male

License Number: G43179

NPI: 1225063811

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL

Board Certified Specialty: No

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

GHAFFARI, DAUOD

Provider ID: 478971

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

BORREGO COMMUNITY
HEALTH FOUNDATION

133 W MAIN ST STE 100
EL CAJON, CA 92020

Phone: (619) 401-0404

After Hours Phone: (619)
401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

GORDON, CHRISTOPHER

Provider ID: 418340

Provider Gender: Male

License Number: A83390

NPI: 1477711521

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

HASTANAN, CAROL

Provider ID: 206354

Provider Gender: Female

License Number: A110192

NPI: 1861648461

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1111 W CHASE AVE
EL CAJON, CA 92020

Phone: (619) 515-2499

After Hours Phone: (619)
515-2499

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

HODGKIN, EDWARD

Provider ID: 418340

Provider Gender: Male

License Number: A177445

NPI: 1922619766

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

FAMILY PRACTICE

KASAWA, JOHN

Provider ID: 569910

Provider Gender: Male

License Number: A79338

NPI: 1134230329

Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

MANDOYAN, AUSTIN

Provider ID: 418340

Provider Gender: Female

License Number: A161682

NPI: 1841726148

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

FAMILY PRACTICE

NASSIR, BASSAM

Provider ID: 569910


Provider Gender: Male

License Number: A101888

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

Niazi, Harris

Provider ID: 418340

Provider Gender: Male

License Number: A146111

NPI: 1174905871

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No


FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)

515-2498


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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

FAMILY PRACTICE


Putrus, Ramiz

Provider ID: 664824

Provider Gender: Male

License Number: A68184

NPI: 1144300534

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Arabic


Cultural Competency: N


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 181 REA AVE
EL CAJON, CA 92020

 Phone: (619) 312-0347

 After Hours Phone: (619)
312-0347

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

Putrus, Ramiz

Provider ID: 185267

Provider Gender: Male

License Number: A68184

NPI: 1144300534

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Arabic


Cultural Competency: N


Board Certified Specialty: No

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

FAMILY PRACTICE

Rodriguez, Louie

Provider ID: 418340

Provider Gender: Male

License Number: A176144

NPI: 1558823625

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

SALEM, RAMSEY

Provider ID: 569910

Provider Gender: Male

License Number: A158364

NPI: 1245401298

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

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

Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

SCHUMAKER, EDWARD

Provider ID: 185267

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

165 S 1ST ST
EL CAJON, CA 92019

Phone: (619) 312-0347
After Hours Phone: (619) 312-0347

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

SCHUMAKER, EDWARD

Provider ID: 418501

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

1032 BROADWAY
EL CAJON, CA 92021

Phone: (619) 795-5991
After Hours Phone: (619) 795-5991

Website: www.lamaestra.org

Medi-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

CENTRO MEDICO EL CAJON,

Provider ID: 478971

NPI: 1154480069

Provider English Spoken: Y
Cultural Competency: N

BORREGO COMMUNITY
HEALTH FOUNDTION

133 W MAIN ST STE 100
EL CAJON, CA 92020

Phone: (619) 873-8940
Fax: (619) 401-0522

After Hours Phone: (619) 873-8940

Website: N/A

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8AM-8PM
M-F 8AM-8PM

FQHC

CHASE AVENUE FAMILY HEALTH CTRS INC,


Provider ID: 206354

NPI: 1104861681

 Provider English Spoken: Y
Cultural Competency: N


FAMILY HEALTH CENTERS OF SAN DIEGO

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499

Fax: (619) 593-7164

 After Hours Phone: (619)
515-2499

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FQHC

FAMILY HLTH CTR SAN DIEGO-EL CAJON,

Provider ID: 418340


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

FQHC

LA MAESTRA CHC EL CAJON BROADWAY,


Provider ID: 418501

NPI: 1134590086

 Provider English Spoken: Y
Cultural Competency: N

LA MAESTRA FAMILY CLINIC

 1032 BROADWAY
EL CAJON, CA 92021

 Phone: (619) 795-5991

Fax: (619) 795-5992

 After Hours Phone: (619)
795-5991


 Website: www.lamaestra.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


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

FQHC

LA MAESTRA CHC-REA AVE,


Provider ID: 664824

NPI: 1609849074

 Provider English Spoken: Y
Cultural Competency: N


LA MAESTRA FAMILY CLINIC

 181 REA AVE
EL CAJON, CA 92020

 Phone: (619) 312-0347

Fax: (619) 510-4649

 After Hours Phone: (619)
312-0347

 Website: www.lamaestra.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

FQHC


LA MAESTRA FAMILY CLINIC INC,

Provider ID: 185267






NPI: 1336353721

 Provider English Spoken: Y
Cultural Competency: N



LA MAESTRA FAMILY CLINIC

 165 S 1ST ST

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

EL CAJON, CA 92019
 Phone: (619) 312-0347
 Fax: (619) 749-5480
 After Hours Phone: (619) 312-0347
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5PM


FQHC



SAN YSIDRO HEALTH EL CAJON,
 Provider ID: 569910
 NPI: 1568845741
 Provider English Spoken: Y
 Cultural Competency: N
 IHP OF SOUTHERN CAL-PHP
 875 EL CAJON BLVD
 EL CAJON, CA 92020
 Phone: (619) 662-4100
 Fax: (619) 785-3356
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

HEPATOLOGY



GISH, ROBERT
 Provider ID: 185267
 Provider Gender: Male
 License Number: G45632
 NPI: 1548281322
 Provider English Spoken: Y
 Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese
 Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 165 S 1ST ST
 EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619) 312-0347
 Website: www.lamaestra.org
 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
 Provider ID: 478971
 Provider Gender: Male
 License Number: A151547
 NPI: 1134513211
 Provider English Spoken: Y
 Cultural Competency: N

Board Certified Specialty: No
 BORREGO COMMUNITY HEALTH FOUNDATION
 133 W MAIN ST STE 100
 EL CAJON, CA 92020
 Phone: (619) 401-0404
 After Hours Phone: (619) 401-0404
 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
 Provider ID: 418340
 Provider Gender: Male
 License Number: A160516
 NPI: 1679936439
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619) 515-2498



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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



AWDISHO, ALAN

Provider ID: 569910
 Provider Gender: Male
 License Number: 20A18702
 NPI: 1164795498
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Assyrian, Syriac
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL
 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



DUONG, MAI

Provider ID: 418340
 Provider Gender: Female
 License Number: A127798
 NPI: 1629339304
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese
 Cultural Competency: N

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO



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

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:30AM-5:30PM


INTERNAL MEDICINE



GORGES, RANDA

Provider ID: 418340
 Provider Gender: Female
 License Number: A138815
 NPI: 1285079509
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic

Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

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

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

 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:30AM-5:30PM

INTERNAL MEDICINE

JABRI, ZAIN

Provider ID: 418501
 Provider Gender: Male
 License Number: A160760
 NPI: 1891159620
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 569910

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

Provider ID: 569910

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

Provider ID: 569910

Provider Gender: Male

License Number: A138568

NPI: 1720497514

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

MICHAEL, RAMI

Provider ID: 569910

Provider Gender: Male

License Number: A144513

NPI: 1467871673

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

INTERNAL MEDICINE

NADI, FAHIMA

Provider ID: 418340
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

INTERNAL MEDICINE

NARAYAN, ARCHANA

Provider ID: 569910
Provider Gender: Female
License Number: A101773
NPI: 1003053950
Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi, Kannada

Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619)
662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

INTERNAL MEDICINE

PARIKH, MILIND

Provider ID: 418340
Provider Gender: Male
License Number: 20A13745
NPI: 1194161406

Provider English Spoken: Y
Provider Language(s)
Spoken: Gujarati, Hindi,
Spanish

Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR, Sharp
Grossmont Hospital, Adventist
Health and Rideout
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

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

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

PETITT, JOHN

Provider ID: 478971
Provider Gender: Male

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

License Number: G52812
NPI: 1497992432
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
BORREGO COMMUNITY
HEALTH FOUNDTION

133 W MAIN ST STE 100
EL CAJON, CA 92020

Phone: (619) 401-0404

After Hours Phone: (619)
401-0404

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

Provider ID: 428134

Provider Gender: Male

NPI: 1730132457

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

5442 SYCUAN RD
EL CAJON, CA 92019

Phone: (619) 445-0707

Fax: (619) 445-0988

After Hours Phone: (619)
445-0707

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-4PM

INTERNAL MEDICINE

ROUEL, WADI

Provider ID: 185267

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.or

g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

INTERNAL MEDICINE

ROUEL, LINDA

Provider ID: 308485

Provider Gender: Female

NPI: 1326128950

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Assyrian,
Mandarin, Syriac

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

860 JAMACHA RD STE 107
EL CAJON, CA 92019

Phone: (619) 456-9920

Fax: (619) 456-9340

After Hours Phone: (619)
456-9920






























Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-7PM</p> <hr/> <p style="text-align: center;">INTERNAL MEDICINE</p> <p>ROUEL, WADI</p> <p>Provider ID: 418501</p> <p>Provider Gender: Male</p> <p>License Number: C55979</p> <p>NPI: 1740254713</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL</p> <p>Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</p> <p> 1032 BROADWAY EL CAJON, CA 92021</p> <p> Phone: (619) 795-5983</p> <p> After Hours Phone: (619) 795-5983</p> <p> Website: www.lamaestra.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F</p>	<p>8:30AM-5:30PM</p> <hr/> <p style="text-align: center;">INTERNAL MEDICINE</p> <p>SHEIKH-MOHAMED, HALA</p> <p>Provider ID: 569910</p> <p>Provider Gender: Female</p> <p>License Number: A159247</p> <p>NPI: 1972946770</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Arabic, Hindi, Urdu</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <hr/> <p style="text-align: center;">INTERNAL MEDICINE</p> <p>TCHAKMAKJIAN, LEVON</p> <p>Provider ID: 569910</p> <p>Provider Gender: Male</p> <p>License Number: C144411</p> <p>NPI: 1790744795</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s)</p>	<p>Spoken: Armenian, Hebrew</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: NORTH BAY VACAVALLEY HOSPITAL</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <hr/> <p style="text-align: center;">INTERNAL MEDICINE</p> <p>YOON, TAE HYUN</p> <p>Provider ID: 418340</p> <p>Provider Gender: Male</p> <p>License Number: C161090</p> <p>NPI: 1508918178</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Korean</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 525 E MAIN ST EL CAJON, CA 92020</p> <p> Phone: (619) 515-2498</p> <p> After Hours Phone: (619) 515-2498</p>
--	---	--

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 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

INTERVENTIONAL CARDIOLOGY

KAFRI, HASSAN

Provider ID: 569910

Provider Gender: Male

License Number: A96002

NPI: 1730258401

Provider English Spoken: Y


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


Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, GROSSMONT
HOSPITAL, SHARP MEMORIAL
HOSPITAL, SHARP CHULA
VISTA MED CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

INTERVENTIONAL CARDIOLOGY

MOUSSAVIAN, MEHRAN

Provider ID: 418340

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

Provider English Spoken: Y


Provider Language(s)
Spoken: Farsi, 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
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 418340

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


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

Provider ID: 478971

Provider Gender: Male

License Number: A113241

NPI: 1508046376

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,


Sharp Grossmont Hospital

Board Certified Specialty: No

BORREGO COMMUNITY
HEALTH FOUNDTION

 133 W MAIN ST STE 100
EL CAJON, CA 92020

 Phone: (619) 873-8940

 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

Provider ID: 418340

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI


CITY MEDICAL CTR


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 418340

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

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

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 418340

Provider Gender: Male

License Number: A108228

NPI: 1629277322

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

DORUELO, ASHLEY

Provider ID: 418340
Provider Gender: Female
License Number: A178499
NPI: 1033613732

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

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp
Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org

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

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 418340
Provider Gender: Female
License Number: C174771
NPI: 1053392035

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

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

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

Website: www.fhcsd.org
Medi-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

Provider ID: 478971
Provider Gender: Female
License Number: A48215
NPI: 1851464606

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

Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL
Board Certified Specialty: No
BORREGO COMMUNITY HEALTH FOUNDATION

133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
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

Provider ID: 418501
Provider Gender: Female
License Number: G50634
NPI: 1285687350

Provider English Spoken: Y
Provider Language(s)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. فضلًا بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Spoken: Hindi, Urdu
Cultural Competency: N
Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC
1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619) 795-5991
Website: www.lamaestra.org
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
Provider ID: 418340
Provider Gender: Female
License Number: A72005
NPI: 1649208711
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF

SAN DIEGO
525 E MAIN ST
EL CAJON, CA 92020
Phone: (619) 515-2498
After Hours Phone: (619) 515-2498
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO
Provider ID: 569910
Provider Gender: Male
License Number: A47906
NPI: 1437181922
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, Adventist Health Bakersfield, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KERN MEDICAL CENTER, KERN MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
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
Provider ID: 478971
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
BORREGO COMMUNITY HEALTH FOUNDATION
133 W MAIN ST STE 100
EL CAJON, CA 92020
Phone: (619) 873-8940
After Hours Phone: (619) 873-8940
Website: N/A
Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 418340

N

♿ Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 418340

Provider Gender: Female

License Number: A164859

NPI: 1952751711

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

📍 525 E MAIN ST EL CAJON, CA 92020

☎ Phone: (619) 515-2498

🕒 After Hours Phone: (619) 515-2498

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 418340

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

📍 525 E MAIN ST EL CAJON, CA 92020

☎ Phone: (619) 515-2498

🕒 After Hours Phone: (619) 515-2498

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

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

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 418340

Provider Gender: Male

License Number: G78814

NPI: 1699790634

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

📍 525 E MAIN ST EL CAJON, CA 92020

☎ Phone: (619) 515-2498

🕒 After Hours Phone: (619) 515-2498

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

OPHTHALMOLOGY

ALBORZIAN, SHERVIN

Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

☑ Provider English Spoken: Y

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

Cultural Competency: N

Hospital Affiliation: SCRIPPS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

MEMORIAL HOSPITAL, SHARP
MEMORIAL HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

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

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

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

OPHTHALMOLOGY

JARDON, JAVIER

Provider ID: 569910

Provider Gender: Male

License Number: A131365

NPI: 1609171982

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

CALIFORNIA HOSP MED CTR
LOS ANGELES, EL CENTRO
REGIONAL MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OPHTHALMOLOGY

MANI, NASRIN

Provider ID: 569910

Provider Gender: Female

License Number: A40473

NPI: 1023061314

Provider English Spoken: Y

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

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, SHARP
MEMORIAL HOSPITAL, UCSD

MEDICAL CTR, SHARP CHULA
VISTA MED CTR, GROSSMONT
HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

Website: www.syhealth.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

OPHTHALMOLOGY

PAPASTERGIU, GEORGIOS

Provider ID: 569910

Provider Gender: Male

License Number: A127706

NPI: 1790054393

Provider English Spoken: Y

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

Cultural Competency: N

Hospital Affiliation: EL

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

Board Certified Specialty: No
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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <hr/> <p style="text-align: center;"><u>OPHTHALMOLOGY</u></p> <p>PONS, MAURICIO</p> <p>Provider ID: 569910</p> <p>Provider Gender: Male</p> <p>License Number: A87650</p> <p>NPI: 1376723759</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <hr/> <p style="text-align: center;"><u>OPHTHALMOLOGY</u></p>	<p>SKAF, AYHAM</p> <p>Provider ID: 569910</p> <p>Provider Gender: Male</p> <p>License Number: A120584</p> <p>NPI: 1285888628</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Arabic, Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 875 EL CAJON BLVD EL CAJON, CA 92020</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <hr/> <p style="text-align: center;"><u>PEDIATRICS</u></p> <p>ADJAN, ROULA</p> <p>Provider ID: 185267</p> <p>Provider Gender: Female</p> <p>License Number: A81682</p> <p>NPI: 1992847263</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s)</p>	<p>Spoken: Arabic, French, Spanish</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</p> <p> 165 S 1ST ST EL CAJON, CA 92019</p> <p> Phone: (619) 280-4213</p> <p> After Hours Phone: (619) 280-4213</p> <p> Website: www.lamaestra.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <hr/> <p style="text-align: center;"><u>PEDIATRICS</u></p> <p>ALWAHAB, AREEJ</p> <p>Provider ID: 678064</p> <p>Provider Gender: Female</p> <p>NPI: 1497138002</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Arabic</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: ST BERNARDINE MED CTR, KAISER FOUNDATION HOSPITAL SAN DIEGO</p> <p>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p> 250 E CHASE AVE STE 110 EL CAJON, CA 92020</p>
--	--	---

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Phone: (619) 399-7878

Fax: (858) 499-5006

After Hours Phone: (619) 399-7878

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

CONE, STEPHANIE

Provider ID: 185267

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

165 S 1ST ST

EL CAJON, CA 92019

Phone: (619) 312-0347

After Hours Phone: (619) 312-0347

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

PEDIATRICS

CONE, STEPHANIE

Provider ID: 418501

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

1032 BROADWAY

EL CAJON, CA 92021

Phone: (619) 795-5991

After Hours Phone: (619) 795-5991

Website: www.lamaestra.org

Medi-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

Provider ID: 478971

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

BORREGO COMMUNITY

HEALTH FOUNDATION

133 W MAIN ST STE 100

EL CAJON, CA 92020

Phone: (619) 873-8940

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

Provider ID: 418340


Provider Gender: Female

License Number: A152462

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية


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

Provider ID: 546310

Provider Gender: Female

NPI: 1649575135

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,
SHARP MARY BIRCH HOSP
FOR WOMEN AND

NEWBORNS, RADY


CHILDRENS HOSPITAL SAN
DIEGO


Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 844 JACKMAN ST
EL CAJON, CA 92020

 Phone: (619) 442-2560

Fax: (619) 442-7836

 After Hours Phone: (619)
442-2560

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS


JACKSON, DANA


Provider ID: 418340

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Portuguese,
Spanish


Cultural Competency: N


Hospital Affiliation:

MARINHEALTH AND
MARINHEALTH MEDICAL
CENTER, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No
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

Provider ID: 185267

Provider Gender: Female

License Number: A110010


NPI: 1033441316


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 165 S 1ST ST
EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)
312-0347

 Website: www.lamaestra.org



Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


N





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM*

PEDIATRICS

JONES, SETAREH

Provider ID: 418501
Provider Gender: Female
License Number: A110010
NPI: 1033441316
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC


 1032 BROADWAY
 EL CAJON, CA 92021
 *Phone: (619) 795-5983*
 *After Hours Phone: (619) 795-5983*
 *Website: www.lamaestra.org*
Medi-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



KODSI, ALICIA

Provider ID: 418340

Provider Gender: Female
License Number: A147976
NPI: 1932514353
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO



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

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

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

PEDIATRICS

NAGNUR, PRITI



Provider ID: 206354
Provider Gender: Female
License Number: A170055
NPI: 1316289929
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Hindi, Kannada*
Cultural Competency: N
Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1111 W CHASE AVE

EL CAJON, CA 92020
 *Phone: (619) 515-2499*
 *After Hours Phone: (619) 515-2499*
 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

PEDIATRICS

NAIK, SHILPA

Provider ID: 546498
Provider Gender: Female
NPI: 1902156904
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Hindi*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 844 JACKMAN ST
 EL CAJON, CA 92020
 *Phone: (619) 442-2560*
Fax: (619) 442-7836
 *After Hours Phone: (619) 442-2560*
 *Website: N/A*
Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Min/Max Age: 0\19

American Sign Language (ASL): Provider ID: 546215

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

NGUYEN, VI

Provider ID: 546509

Provider Gender: Female

NPI: 1053540534

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

📍 844 JACKMAN ST
EL CAJON, CA 92020

☎ Phone: (619) 442-2560
Fax: (619) 442-7836

🕒 After Hours Phone: (619) 442-2560

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

PINTO, ANITA

Provider ID: 546215

Provider Gender: Female

NPI: 1477663722

☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Hindi

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

📍 844 JACKMAN ST
EL CAJON, CA 92020

☎ Phone: (619) 442-2560
Fax: (619) 442-7836

🕒 After Hours Phone: (619) 442-2560

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

RODRIGUEZ, ALDO

Provider ID: 569910

Provider Gender: Male

License Number: A134995

NPI: 1508209651

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

📍 875 EL CAJON BLVD
EL CAJON, CA 92020

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619) 662-4100

🌐 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

ALYAS, ALISIA

Provider ID: 418501

Provider Gender: Female

License Number: PA58466

NPI: 1437768017






☑ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

📍 1032 BROADWAY
EL CAJON, CA 92021

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 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

PHYSICIANS ASSISTANT


ALYAS, ALISIA
 Provider ID: 185267
 Provider Gender: Female
 License Number: PA58466
 NPI: 1437768017
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 165 S 1ST ST
 EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619) 312-0347
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER


PHYSICIANS ASSISTANT

ARMENTA, JORGE
 Provider ID: 185267
 Provider Gender: Male
 License Number: PA13694
 NPI: 1346382611
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 165 S 1ST ST
 EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619) 312-0347
 Website: www.lamaestra.org







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
 Provider ID: 418340
 Provider Gender: Male
 License Number: PA53129
 NPI: 1073978680
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619) 515-2498
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

PHYSICIANS ASSISTANT



MERCER, KELLY
 Provider ID: 418501
 Provider Gender: Female
 License Number: PA21625
 NPI: 1154609790
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
 Board Certified Specialty: No
 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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM

PHYSICIANS ASSISTANT

MERCER, KELLY

Provider ID: 185267
 Provider Gender: Female
 License Number: PA21625
 NPI: 1154609790
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC



 165 S 1ST ST
 EL CAJON, CA 92019
 Phone: (619) 312-0347
 After Hours Phone: (619) 312-0347
 Website: www.lamaestra.org
 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

PATEL, SHREYA

Provider ID: 206354
 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
 Medi-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

Provider ID: 569910
 Provider Gender: Female
 License Number: PA22872
 NPI: 1114041621
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No
 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):

PHYSICIANS ASSISTANT

TURNER, SHEREENA

Provider ID: 418340
 Provider Gender: Female
 License Number: PA20396
 NPI: 1992934988
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

🕒 Hours: M-F
8:30AM-5:30PM

PHYSICIANS ASSISTANT

TURNER, ERIC

Provider ID: 206354

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

Medi-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

ZAMBRANA, GEORGE

Provider ID: 478971

Provider Gender: Male

License Number: PA16673

NPI: 1104836659

☐ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
BORREGO COMMUNITY

HEALTH FOUNDTION

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

☎ Phone: (619) 873-8940

📞 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

🕒 Hours: SU-SA 8AM-8PM

PODIATRIST

CHARP, KENNETH

Provider ID: 478971

Provider Gender: Male

License Number: DPM1536

NPI: 1841384203

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

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

☎ Phone: (619) 873-8940

📞 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

PODIATRIST

JUAREZ, LETICIA

Provider ID: 418340

Provider Gender: Female

License Number: DPM5661

NPI: 1508393778

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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

PODIATRIST

LE, DIANA

Provider ID: 418340

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

Provider ID: 418340
Provider Gender: Male
License Number: PT295173
NPI: 1497236384
☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
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

DASCENZO, EMILY

Provider ID: 569910
Provider Gender: Female
License Number: PT40025
NPI: 1952982761
☐ Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

☐ 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

GONZALEZ, JUSTINE ARIEL

Provider ID: 418340
Provider Gender: Female
License Number: PT292482
NPI: 1851834873
☐ Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 525 E MAIN ST
EL CAJON, CA 92020
☎ Phone: (619) 515-2498
🕒 After Hours Phone: (619)
515-2498
🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F
8:30AM-5:30PM

REGISTERED PHYSICAL THERAPIST

KUIOKA, TROY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Provider ID: 569910
 Provider Gender: Male
 License Number: PT42665
 NPI: 1912640053
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 875 EL CAJON BLVD
 EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID
 Provider ID: 418340
 Provider Gender: Male
 License Number: PT293536
 NPI: 1043736879
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 525 E MAIN ST
 EL CAJON, CA 92020
 Phone: (619) 515-2498

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

ENCINITAS

PEDIATRICS

BRION, SONJA
 Provider ID: 386639
 Provider Gender: Female
 NPI: 1306817317
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 499 N EL CAMINO REAL STE B100
 ENCINITAS, CA 92024
 Phone: (760) 436-4511
 Fax: (760) 436-5106
 After Hours Phone: (760) 436-4511

Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

CLEMENTINO, NANCY

Provider ID: 386643
 Provider Gender: Female
 NPI: 1619948619
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 499 N EL CAMINO REAL STE B100
 ENCINITAS, CA 92024
 Phone: (760) 436-4511
 Fax: (760) 436-5106
 After Hours Phone: (760) 436-4511
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N
 Accessability: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

MENDENHALL, ANNA
 Provider ID: 386635
 Provider Gender: Female
 NPI: 1639140650
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK
 499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024
 Phone: (760) 436-4511
 Fax: (760) 436-5106
 After Hours Phone: (760) 436-4511
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessability: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

TERRY, AMANDA
 Provider ID: 386739
 Provider Gender: Female
 NPI: 1861770885
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK
 499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024
 Phone: (760) 436-4511
 Fax: (760) 436-5106
 After Hours Phone: (760) 436-4511
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessability: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

TOLBA, KAMEI
 Provider ID: 386624
 Provider Gender: Male
 NPI: 1144221763
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK
 499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024
 Phone: (760) 436-4511
 Fax: (760) 436-5106
 After Hours Phone: (760) 436-4511
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessability: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

ESCONDIDO

CERTIFIED NURSE PRACTITIONER

CARNEY, AMY
 Provider ID: 206271

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
Provider ID: 419344
Provider Gender: Male
License Number: NP95003024
NPI: 1215304860
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
BORREGO COMMUNITY HEALTH FOUNDTION

1121 E WASHINGTON AVE
 ESCONDIDO, CA 92025
 Phone: (760) 767-5051
 After Hours Phone: (760) 767-5051
 Website: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

KAHL, NICHOLAS
Provider ID: 588941
Provider Gender: Male
License Number: NP95006360
NPI: 1821306598
 Provider English Spoken: Y
Cultural Competency: N
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

PROVIDER

CERTIFIED NURSE PRACTITIONER

TODD, MIKAYLA
Provider ID: 588941
Provider Gender: Female
License Number: NP95005999
NPI: 1316478092
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 704 E GRAND AVE
 ESCONDIDO, CA 92025
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CHIROPRACTOR

ROBINSON, DEAN
Provider ID: 206270
Provider Gender: Male
License Number: DC12036
NPI: 1851320337
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

IHP OF SOUTHERN CAL-PHP

460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER

CHIROPRACTOR

ZECHA, RONALD

Provider ID: 206270
Provider Gender: Male
License Number: DC28605
NPI: 1427252121
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER

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

FAMILY PRACTICE

ARRIETA, NOEMI

Provider ID: 588941
Provider Gender: Female
License Number: 20A11153
NPI: 1912223496
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

AVILA, MICHAEL

Provider ID: 206270
Provider Gender: Male
License Number: A159727
NPI: 1962936450
Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100
Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
SA 8AM-12PM

FAMILY PRACTICE

CASTANER, ZALYA

Provider ID: 206271
Provider Gender: Female
License Number: A139490
NPI: 1487072179
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900
Website: N/A
Medi-Cal Open Panel: Yes


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


C. دليل الرعاية الأولية

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1134513039

N

 Accessibility: CONTACT PROVIDER

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

FAMILY PRACTICE

CASTANER, ZALYA

Provider ID: 206270

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)
520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE


COBIAN, VANESSA

Provider ID: 206271

Provider Gender: Female

License Number: A145349


NPI: 1134513039


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)
737-6900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER

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

FAMILY PRACTICE

COX, VICTORIA

Provider ID: 588941

Provider Gender: Female


License Number: C171064


NPI: 1093087819

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

FERRAILOLO, NATALIE

Provider ID: 206270

Provider Gender: Female

License Number: A152372

NPI: 1306290143


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)
520-8100

 Website: www.ihpsocal.org


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

Provider ID: 652372

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

License Number: 20A14772

NPI: 1235576059

☐ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 128 N BROADWAY
ESCONDIDO, CA 92025

☎ Phone: (760) 546-2858

🕒 After Hours Phone: (760)
546-2858

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

KAUR, JATINDER

Provider ID: 206270

Provider Gender: Female

License Number: A120771

NPI: 1912141391

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Hindi, Punjabi,
Urdu

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 460 N ELM ST
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8100

🕒 After Hours Phone: (760)

520-8100

🌐 Website: www.ihpsocal.org

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

Provider ID: 206271

Provider Gender: Female

License Number: A120348

NPI: 1790912855

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 728 E VALLEY PKWY
ESCONDIDO, CA 92025

☎ Phone: (760) 737-6900

🕒 After Hours Phone: (760)
737-6900

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-TU 8AM-5PM

W 9AM-5PM

TH-F 8AM-5PM

FAMILY PRACTICE

MATSHE, ZENZIWE

Provider ID: 665448

Provider Gender: Female

NPI: 1285256073

☐ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 460 N ELM ST
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8100

Fax: (760) 466-1373

🕒 After Hours Phone: (760)
520-8100

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

FAMILY PRACTICE

MCHENRY, KATHRYN

Provider ID: 206270

Provider Gender: Female

License Number: 20A14292

NPI: 1326458373

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206270
Provider Gender: Female
License Number: A107557
NPI: 1104022672
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
After Hours Phone: (760) 520-8100

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

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

FAMILY PRACTICE

PATEL, JITENBHAI

Provider ID: 206270
Provider Gender: Male
License Number: A94128
NPI: 1902921406

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

460 N ELM ST
ESCONDIDO, CA 92025
Phone: (760) 520-8100
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

PATEL, JITENBHAI

Provider ID: 206271
Provider Gender: Male
License Number: A94128
NPI: 1902921406

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

728 E VALLEY PKWY
ESCONDIDO, CA 92025
Phone: (760) 737-6900
After Hours Phone: (760) 737-6900

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

N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

RAO, USHA

Provider ID: 588941
Provider Gender: Female
License Number: A148750
NPI: 1184019911

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

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

704 E GRAND AVE
ESCONDIDO, CA 92025
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

American Sign Language (ASL): NPI: 1184649212

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


RASHCOVSKY SCHIFF, KARIN

Provider ID: 206270

Provider Gender: Female

License Number: A82173

NPI: 1699706333

 Provider English Spoken: Y


 Provider Language(s) Spoken: French


Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 460 N ELM ST ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760) 520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


FAMILY PRACTICE

RODARTE, GABRIEL

Provider ID: 206266

Provider Gender: Male

License Number: A87906

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 425 N DATE ST ESCONDIDO, CA 92025

 Phone: (760) 520-8340

 After Hours Phone: (760) 520-8340

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE


SANDHU, BASANT


Provider ID: 206271

Provider Gender: Male

License Number: A140398

NPI: 1265795744

 Provider English Spoken: Y


 Provider Language(s) Spoken: German, Hindi, Punjabi, Spanish

Cultural Competency: N

Board Certified Specialty: No

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

SCHULTZ, JAMES


Provider ID: 206271

Provider Gender: Male

License Number: G61829

NPI: 1356376164

 Provider English Spoken: Y

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

Cultural Competency: N


Hospital Affiliation:


SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, PALOMAR MEDICAL CENTER

Board Certified Specialty: No

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


SCHULTZ, JAMES


Provider ID: 206270

Provider Gender: Male

License Number: G61829

NPI: 1356376164

 Provider English Spoken: Y

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


Cultural Competency: N


Hospital Affiliation:

SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
PALOMAR MEDICAL CENTER

Board Certified Specialty: No
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


TANTOD, KULIN

Provider ID: 206270

Provider Gender: Male

License Number: A109655

NPI: 1902058928

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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

FAMILY PRACTICE


THOMPSON, CHERYL

Provider ID: 206270

Provider Gender: Female

License Number: A102687

NPI: 1548429863

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


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

CENTRO MEDICO

ESCONDIDO,

Provider ID: 419344

NPI: 1023349883


 Provider English Spoken: Y

Cultural Competency: N

BORREGO COMMUNITY

HEALTH FOUNDTION

 1121 E WASHINGTON AVE
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

Fax: (858) 634-6918

 After Hours Phone: (760)
871-0606

 Website: N

Medi-Cal Open Panel: Yes


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP

N

 Accessibility: CONTACT PROVIDER

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

FQHC

ESCONDIDO FAMILY HEALTH CENTER,


Provider ID: 652372


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

NEIGHBORHOOD

HEALTHCARE ESCONDIDO,


Provider ID: 206270

NPI: 1598703647

 Provider English Spoken: Y

Cultural Competency: N

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

Fax: (360) 466-2745

 After Hours Phone: (760) 520-8100

 Website: www.ihpsocal.org


Medi-Cal Open Panel: 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: 424775

NPI: 1437335353

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 426 N DATE ST
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

Fax: (360) 462-2747

 After Hours Phone: (760) 690-5900

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD

HEALTHCARE PIDS AND PRENATAL,


Provider ID: 206266

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: 206271


NPI: 1720264641


 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 Fax: (360) 462-2748

 After Hours Phone: (760)
737-6900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


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

FQHC


SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE,


Provider ID: 588941

NPI: 1801438239

 Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 Fax: (760) 745-7847

 After Hours Phone: (619)
662-4100

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

INTERNAL MEDICINE


AGUERO, AMETHYST

Provider ID: 652372

Provider Gender: Female

License Number: 20A19473


NPI: 1568021913


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 128 N BROADWAY
ESCONDIDO, CA 92025

 Phone: (760) 546-2858

 After Hours Phone: (760)
546-2858

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE


CARRERA, JORGE

Provider ID: 588941

Provider Gender: Male

License Number: G58033

NPI: 1184728586

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 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

Provider ID: 235296

Provider Gender: Female

NPI: 1659305084

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Greek, Spanish


Cultural Competency: N

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 460 N ELM ST
ESCONDIDO, CA 92025


 Phone: (760) 520-8100

 Fax: (360) 462-2745

 After Hours Phone: (760)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

520-8100


 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

INTERNAL MEDICINE


CHEN, MARGARET


Provider ID: 206270

Provider Gender: Female

License Number: A61751

NPI: 1659305084

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Greek, Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)
520-8100

 Website: www.ihpsocal.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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

INTERNAL MEDICINE


VETTICADEN, SANTOSH

Provider ID: 206270

Provider Gender: Male

License Number: C53062

NPI: 1679102461


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)
520-8100


 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

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

PEDIATRICS


AGUILAR, EDITA

Provider ID: 424775

Provider Gender: Female

License Number: A56054

NPI: 1467407411

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish, Tagalog


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 426 N DATE ST
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 After Hours Phone: (760)
690-5900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

PEDIATRICS

AGUILAR, EDITA


Provider ID: 206266

Provider Gender: Female

License Number: A56054

NPI: 1467407411

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish, 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PEDIATRICS

ALDANA, NANCY

Provider ID: 424775

Provider Gender: Female

License Number: A62467

NPI: 1558371963

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

Board Certified Specialty: No

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

Provider ID: 206270

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

COHEN, CARA

Provider ID: 661879

Provider Gender: Female

NPI: 1215021274

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, RADY CHILDRENS

HOSPITAL SAN DIEGO,

PALOMAR MEDICAL CENTER,

UCSF BENIOFF CHILDREN'S

HOSPITAL OAKLAND

Board Certified Specialty: No

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

Provider ID: 661887

Provider Gender: Female

NPI: 1750579108

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, PALOMAR MEDICAL

CENTER

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

625 CITRACADO PKWY STE 100

ESCONDIDO, CA 92025

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206270

Provider Gender: Female

License Number: A119661

NPI: 1841561107

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

460 N ELM ST

ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760) 520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1417921578

N

Accessibility: CONTACT PROVIDER

PEDIATRICS

DOSHI, NEELIMA

Provider ID: 424775

Provider Gender: Female

License Number: A67626

NPI: 1417921578

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

426 N DATE ST

ESCONDIDO, CA 92025

Phone: (760) 690-5900

After Hours Phone: (760) 690-5900

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

PEDIATRICS

DOSHI, NEELIMA

Provider ID: 640252

Provider Gender: Female

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

426 N DATE ST

ESCONDIDO, CA 92025

Phone: (760) 520-8340

Fax: (360) 462-2752

After Hours Phone: (760) 520-8340

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PEDIATRICS

IBRAHIM, MAGED

Provider ID: 419344

Provider Gender: Male

License Number: C141296

NPI: 1306852934

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: POMONA

VALLEY HOSP MED CTR, SAN ANTONIO COMM HOSP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
BORREGO COMMUNITY
HEALTH FOUNDTION

1121 E WASHINGTON AVE
ESCONDIDO, CA 92025

Phone: (760) 871-0606

After Hours Phone: (760)
871-0606

Website: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: SU 8AM-12PM

M-F 8AM-8PM

SA 8AM-12PM

PEDIATRICS

MALEKSHAMRAN, KEYVAN

Provider ID: 419344

Provider Gender: Male

License Number: A94845

NPI: 1952466112

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Persian,
Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS

MEMORIAL HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

1121 E WASHINGTON AVE

ESCONDIDO, CA 92025

Phone: (760) 871-0606

After Hours Phone: (760)
871-0606

Website: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

SONG, JOYCE

Provider ID: 661892

Provider Gender: Female

NPI: 1417510694

Provider English Spoken: Y

Cultural Competency: N

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

Provider ID: 206270

Provider Gender: Female

License Number: A45413

NPI: 1134154958

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

460 N ELM ST

ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)
520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

TELLECHEA-SANCHEZ,

SELMIRA

Provider ID: 424775

Provider Gender: Female

License Number: G83438

NPI: 1730288747

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

Provider ID: 419344
 Provider Gender: Female
 License Number: A64928
 NPI: 1447472212
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Hindi, Spanish,
 Telugu
 Cultural Competency: N
 Hospital Affiliation: EL
 CENTRO REGIONAL MEDICAL
 CENTER, RIVERSIDE
 COMMUNITY HOSP, Parkview
 Community Hospital Medical
 Center
 Board Certified Specialty: No

BORREGO COMMUNITY
 HEALTH FOUNDTION
 1121 E WASHINGTON AVE
 ESCONDIDO, CA 92025
 Phone: (760) 871-0606
 After Hours Phone: (760)
 871-0606
 Website: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: SU 8AM-12PM
 M-F 8AM-8PM
 SA 8AM-12PM

PEDIATRICS

ZAND, FARIBA

Provider ID: 87737
 Provider Gender: Female
 NPI: 1356373674
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi, Persian,
 Spanish
 Cultural Competency: N
 Hospital Affiliation: MERCY
 GENERAL HOSPITAL, RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SCRIPPS MERCY
 HOSPITAL, SCRIPPS MERCY
 HOSPITAL CHULA VISTA,
 UCSD MEDICAL CTR
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH

NETWORK
 240 W MISSION AVE STE A
 ESCONDIDO, CA 92025
 Phone: (760) 747-5400
 Fax: (760) 747-2286
 After Hours Phone: (760)
 747-5400
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

BAISLEY, SHAWN

Provider ID: 588941
 Provider Gender: Male
 License Number: PA52347
 NPI: 1376936120
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 704 E GRAND AVE
 ESCONDIDO, CA 92025
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
 إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على
 blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PROVIDER

PHYSICIANS ASSISTANT

SHARPE, NORMA

Provider ID: 588941

Provider Gender: Female


License Number: PA20490


NPI: 1619100237

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PODIATRIST

NEGRON, RICARDO

Provider ID: 206271

Provider Gender: Male

License Number: DPM5260

NPI: 1932548393

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: Providence

St Joseph Hospital

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)
737-6900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FALLBROOK

CERTIFIED NURSE PRACTITIONER

EVERETT, ELIZABETH

Provider ID: 624122

Provider Gender: Female

License Number: NP95025094

NPI: 1942952767

Provider English Spoken: Y


Provider Language(s)
Spoken: Sign Language


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)
723-6200


 Website: www.vistacommu
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

EVERETT, ELIZABETH

Provider ID: 624122

Provider Gender: Female

License Number: NP95025094

NPI: 1942952767


Provider English Spoken: Y


Provider Language(s)
Spoken: Sign Language


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)
723-6200


 Website: www.vistacommu
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

**CERTIFIED NURSE
PRACTITIONER**

EVERETT, ELIZABETH

Provider ID: 624122
Provider Gender: Female
License Number: NP95025094
NPI: 1942952767

Provider English Spoken: Y
Provider Language(s)
Spoken: Sign Language
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760)
723-6200
Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
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

Provider ID: 624122
Provider Gender: Female
License Number: NP95003447

NPI: 1245695006

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

Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028
Phone: (760) 723-6200
After Hours Phone: (760)
723-6200
Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE
PRACTITIONER**

KELLEHER, BRIDGET

Provider ID: 624122
Provider Gender: Female
License Number: NP95003447
NPI: 1245695006

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

Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No

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

**CERTIFIED NURSE
PRACTITIONER**

KELLEHER, BRIDGET

Provider ID: 624122
Provider Gender: Female
License Number: NP95003447
NPI: 1245695006

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

Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200
After Hours Phone: (760)
723-6200

Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

KIRKLAND, STEPHANIE

Provider ID: 624122

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

 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 PRACTITIONER

KIRKLAND, STEPHANIE

Provider ID: 624122

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

 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 PRACTITIONER


KIRKLAND, STEPHANIE

Provider ID: 624122

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

 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):

 Accessibility: CONTACT PROVIDER

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

CERTIFIED NURSE PRACTITIONER


RACKHAM, KELLY

Provider ID: 624122

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284

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

Cultural Competency: N

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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 PRACTITIONER


RACKHAM, KELLY

Provider ID: 624122

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST
FALLBROOK, CA 92028
 Phone: (760) 723-6200
 After Hours Phone: (760)
723-6200
 Website: www.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 PRACTITIONER


RACKHAM, KELLY

Provider ID: 624122

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284




 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST
FALLBROOK, CA 92028
 Phone: (760) 723-6200
 After Hours Phone: (760)
723-6200

 Website: www.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

FQHC




VISTA COMMUNITY CLINIC,

Provider ID: 624122

NPI: 1316501562

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 321 E ALVARADO ST
FALLBROOK, CA 92028
 Phone: (760) 723-6200
 After Hours Phone: (760)
723-6200

 Website: www.vistacommunityclinic.org


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: 624122




NPI: 1649662719

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP





 321 E ALVARADO ST
FALLBROOK, CA 92028
 Phone: (760) 723-6200
 After Hours Phone: (760)
723-6200




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Website: 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: 624122
 NPI: 1851300123
 Provider English Spoken: Y
 Cultural Competency: N
 IHP OF SOUTHERN CAL-PHP
 321 E ALVARADO ST
 FALLBROOK, CA 92028
 Phone: (760) 723-6200
 After Hours Phone: (760) 723-6200



 Website: www.vistacommunityclinic.org
 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

PEDIATRICS

CLAPP, MEGAN


Provider ID: 686664
 Provider Gender: Female
 NPI: 1699399337
 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) 451-4720
 Fax: (760) 457-4700

 After Hours Phone: (760) 451-4720
 Website: N/A
 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-F 8AM-5PM

PEDIATRICS

DELRE, AMANDA



Provider ID: 238960
 Provider Gender: Female
 NPI: 1548499957
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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

Provider ID: 538068
 Provider Gender: Female
 NPI: 1336674886
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 1107 S MISSION RD
 FALLBROOK, CA 92028
 Phone: (760) 451-0070

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Fax: (760) 451-1499

☎ After Hours Phone: (760) 451-0070

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

ROBINSON, DAISY

Provider ID: 230579

Provider Gender: Female

NPI: 1659389740

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 321 E ALVARADO ST
FALLBROOK, CA 92028

☎ Phone: (760) 723-6200

Fax: (760) 414-3892

☎ After Hours Phone: (760) 723-6200

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8AM-4PM

IMPERIAL BEACH

FAMILY PRACTICE

JOHNSON, DANIEL

Provider ID: 179678

Provider Gender: Male

License Number: 20A9393

NPI: 1245311216

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 949 PALM AVE
IMPERIAL BEACH, CA
91932

☎ Phone: (619) 429-3733

☎ After Hours Phone: (619) 429-3733

🌐 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8:30AM-9PM
F 8:30AM-5PM

SA 8:30AM-2PM

FQHC

IMPERIAL BEACH HEALTH CENTER,

Provider ID: 179678

NPI: 1790718351

☑ Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 949 PALM AVE
IMPERIAL BEACH, CA
91932

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619) 429-3733

🌐 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

INTERNAL MEDICINE

RYAN, DANA

Provider ID: 179678

Provider Gender: Female

License Number: A66830

NPI: 1780609990





☑ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No







IHP OF SOUTHERN CAL-PHP

📍 949 PALM AVE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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




PEDIATRICS

DOKICH, SRETENKA
 Provider ID: 179678
 Provider Gender: Female
 License Number: A51447
 NPI: 1154409035
 Provider English Spoken: Y
 Provider Language(s) Spoken: Serbian, Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 949 PALM AVE
 IMPERIAL BEACH, CA 91932
 Phone: (619) 429-3733
 After Hours Phone: (619) 429-3733
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):


N
 Accessibility: CONTACT PROVIDER







JULIAN

CLINIC OUTPATIENT






SAN YSIDRO HEALTH JULIAN FAMILY MEDICINE,
 Provider ID: 664467
 NPI: 1235804139
 Provider English Spoken: Y
 Cultural Competency: N
 IHP OF SOUTHERN CAL-PHP
 2721 WASHINGTON ST
 JULIAN, CA 92036
 Phone: (619) 662-4100
 Fax: (619) 662-4196
 After Hours Phone: (619) 662-4100
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE

WYLIE, BLAKE
 Provider ID: 664467
 Provider Gender: Male
 License Number: 20A11088
 NPI: 1922314145
 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 2721 WASHINGTON ST
 JULIAN, CA 92036
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH JULIAN FAMILY MEDICINE,
 Provider ID: 664467
 NPI: 1235804139
 Provider English Spoken: Y
 Cultural Competency: N
 IHP OF SOUTHERN CAL-PHP
 2721 WASHINGTON ST
 JULIAN, CA 92036
 Phone: (619) 662-4100
 Fax: (619) 662-4196
 After Hours Phone: (619) 662-4100
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

American Sign Language (ASL): NPI: 1700858859

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

LA JOLLA

PEDIATRICS

GAINOR, GRETCHEN

Provider ID: 537752

Provider Gender: Female

NPI: 1174504757

🗨️ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 7300 GIRARD AVE STE 106
LA JOLLA, CA 92037

☎️ Phone: (858) 459-4351

Fax: (858) 459-4399

📞 After Hours Phone: (858) 459-4351

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM
SA 8AM-12PM

PEDIATRICS

GANDHI, SHEETAL

Provider ID: 282029

Provider Gender: Female

🗨️ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 4150 REGENTS PARK ROW
STE 355

LA JOLLA, CA 92037

☎️ Phone: (858) 457-2043

Fax: (858) 457-2092

📞 After Hours Phone: (858) 457-2043

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

HUNTER, WENDY

Provider ID: 377597

Provider Gender: Female

NPI: 1053515551

🗨️ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 7300 GIRARD AVE STE 106
LA JOLLA, CA 92037

☎️ Phone: (858) 459-4351

Fax: (858) 459-4399

📞 After Hours Phone: (858) 459-4351

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

PARSONS, GENEVIEVE

Provider ID: 24122

Provider Gender: Female

NPI: 1699700914

🗨️ Provider English Spoken: Y

🗨️ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 48933

Provider Gender: Male

NPI: 1265762033

Provider English Spoken: Y
Cultural Competency: N

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

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

4150 REGENTS PARK ROW
STE 355

LA JOLLA, CA 92037

Phone: (858) 457-2043

Fax: (858) 457-2092

After Hours Phone: (858)
457-2043

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

TUNG, VIVIAN

Provider ID: 11291

Provider Gender: Female

NPI: 1285665133

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

7300 GIRARD AVE STE 106
LA JOLLA, CA 92037

Phone: (858) 459-4351

Fax: (858) 459-4399

After Hours Phone: (858)
459-4351

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

LA MESA

CERTIFIED NURSE

PRACTITIONER

WARD, KATHERINE

Provider ID: 480827

Provider Gender: Female

License Number: NP95017921

NPI: 1477223576

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
BORREGO COMMUNITY

HEALTH FOUNDATION

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (616) 464-6434

After Hours Phone: (616)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

WARD, KATHERINE

Provider ID: 613881

Provider Gender: Female

NPI: 1477223576

Provider English Spoken: Y
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
200
LA MESA, CA 91942

Phone: (619) 464-6434
Fax: (619) 464-5109

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM

CERTIFIED NURSE PRACTITIONER

WARD, KATHERINE

Provider ID: 613887

Provider Gender: Female

NPI: 1477223576

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
205
LA MESA, CA 91942

Phone: (619) 464-6434
Fax: (619) 464-5109

After Hours Phone: (619)

464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM

FAMILY PRACTICE

PATEL, HEMANSHU

Provider ID: 664660

Provider Gender: Male

NPI: 1255777439

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: BARSTOW
COMMUNITY HOSPITAL,
DESERT VALLEY HOSPITAL,
Providence St Mary Medical
Center, VICTOR VALLEY
GLOBAL MED CTR

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

7339 EL CAJON BLVD STE I
LA MESA, CA 91942

Phone: (619) 698-0606
Fax: (619) 332-5149

After Hours Phone: (619)
698-0606

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5:30PM

FQHC

LA MESA PEDIATRICS,

Provider ID: 480827

NPI: 1033759311

Provider English Spoken: Y
Cultural Competency: N

BORREGO COMMUNITY
HEALTH FOUNDATION

8881 FLETCHER PKWY STE
200
LA MESA, CA 91942

Phone: (619) 464-6434
Fax: (619) 464-5109

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

BULLOCH, EDGAR

Provider ID: 480827

Provider Gender: Male

License Number: A113241

NPI: 1508046376

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

Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Hospital Affiliation:

GROSSMONT HOSPITAL,
Sharp Grossmont Hospital
Board Certified Specialty: No
BORREGO COMMUNITY
HEALTH FOUNDTION

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

PAPA, RHETT

Provider ID: 480827

Provider Gender: Male

License Number: 20A11733

NPI: 1063642312

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL
Board Certified Specialty: No
BORREGO COMMUNITY
HEALTH FOUNDTION

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

ALSHEIKH, HUDA

Provider ID: 480827

Provider Gender: Female

License Number: C133872

NPI: 1487746855

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

ALSHEIKH, HUDA

Provider ID: 435468

Provider Gender: Female

NPI: 1487746855

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TU 7:30AM-6PM
W-F 7:30AM-6:30PM

SA 8:30AM-5PM

PEDIATRICS

ALSHEIKH, HUDA

Provider ID: 451191

Provider Gender: Female

NPI: 1487746855


Provider English Spoken: Y







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Provider Language(s) Spoken: Arabic*
Cultural Competency: N
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 8881 FLETCHER PKWY STE 205
 LA MESA, CA 91942
 *Phone: (619) 464-6434*
Fax: (619) 464-5109
 *After Hours Phone: (619) 464-6434*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-TU 7:30AM-6PM W-F 7:30AM-6:30PM SA 8:30AM-5PM*

PEDIATRICS






CLAY, CORRIE



Provider ID: 536652
Provider Gender: Female
NPI: 1437207750
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 8881 FLETCHER PKWY STE 200
 LA MESA, CA 91942
 *Phone: (619) 464-6434*
Fax: (619) 464-5109
 *After Hours Phone: (619) 464-6434*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-6PM SA 11:30AM-3:30PM*

PEDIATRICS


EMPIE, KRISTEN







Provider ID: 648986
Provider Gender: Female
NPI: 1093343105
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 8881 FLETCHER PKWY STE 200
 LA MESA, CA 91942
 *Phone: (619) 464-6434*
Fax: (619) 464-5109
 *After Hours Phone: (619) 464-6434*
 *Website: N/A*

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-6PM SA 11:30AM-3:30PM*

PEDIATRICS

EMPIE, KRISTEN

Provider ID: 648987
Provider Gender: Female
NPI: 1093343105
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 8881 FLETCHER PKWY STE 205
 LA MESA, CA 91942
 *Phone: (619) 464-6434*
Fax: (619) 464-5109
 *After Hours Phone: (619) 464-6434*
 *Website: N/A*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-6PM SA 11:30AM-3:30PM*

PEDIATRICS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

GIANFORTUNE, RACHEL

Provider ID: 433091

Provider Gender: Female

NPI: 1912193301

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SHARP MEMORIAL
HOSPITAL, GROSSMONT
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

GIANFORTUNE, RACHEL

Provider ID: 450501

Provider Gender: Female

NPI: 1912193301

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SHARP MEMORIAL
HOSPITAL, GROSSMONT
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
205

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

IMUS, PAUL

Provider ID: 239590

Provider Gender: Male

NPI: 1104116680

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SHARP MARY BIRCH

HOSP FOR WOMEN AND
NEWBORNS, GROSSMONT
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619)
401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

PEDIATRICS

MOFFATT, KYRRA

Provider ID: 275099

Provider Gender: Female

NPI: 1194922419

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT
HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619)
401-0404

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

MOLINOS, NICOLE

Provider ID: 538098

Provider Gender: Female

NPI: 1538685524

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH
NETWORK

6942 UNIVERSITY AVE STE
A

LA MESA, CA 91942

Phone: (619) 698-2184

Fax: (619) 698-2084

After Hours Phone: (619)
698-2184

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

PEDIATRICS

RONQUILLO, RINA

Provider ID: 377359

Provider Gender: Female

NPI: 1407047749

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
RADY CHILDRENS HOSPITAL
SAN DIEGO, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, SHARP
MEMORIAL HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

PEDIATRICS

SHORT, RICHARD

Provider ID: 60736

Provider Gender: Male

NPI: 1568552727

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
RADY CHILDRENS HOSPITAL
SAN DIEGO, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH
NETWORK

8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)
464-6434



Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N








اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM*

LAKESIDE


CHIROPRACTOR



PAGE, BIANCA

Provider ID: 353843
Provider Gender: Female
License Number: DC33688
NPI: 1649787607
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 10039 VINE ST
 LAKESIDE, CA 92040
 *Phone: (858) 218-3000*
 *After Hours Phone: (858) 218-3000*
 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

FAMILY PRACTICE







FERRAILOLO, NATALIE



Provider ID: 353843
Provider Gender: Female
License Number: A152372
NPI: 1306290143
 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 10039 VINE ST
 LAKESIDE, CA 92040
 *Phone: (858) 218-3000*
 *After Hours Phone: (858) 218-3000*
 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

FAMILY PRACTICE

LIU-BARBARO, DOROTHY








Provider ID: 353843
Provider Gender: Female
License Number: A115342
NPI: 1851602270
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Chinese, Mandarin, Spanish*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 10039 VINE ST
 LAKESIDE, CA 92040
 *Phone: (619) 440-2751*
 *After Hours Phone: (619) 440-2751*
 *Website: www.ihpsocal.org*

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

FQHC

NEIGHBORHOOD

HEALTHCARE LAKESIDE,

Provider ID: 353843
NPI: 1932384120
 *Provider English Spoken: Y*
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
 10039 VINE ST
 LAKESIDE, CA 92040
 *Phone: (858) 218-3000*
Fax: (360) 462-2744
 *After Hours Phone: (858) 218-3000*
 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*



GENERAL PRACTICE

MANNINO, ELIZABETH

Provider ID: 353843
Provider Gender: Female
License Number: A43914
NPI: 1548290463







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



C. دليل الرعاية الأولية

 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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM

INTERNAL MEDICINE

MCFARLAND, NATHAN


Provider ID: 353843
Provider Gender: Male
License Number: A75411
NPI: 1265462196
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Italian, Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 10039 VINE ST
LAKESIDE, CA 92040
 Phone: (858) 218-3000
 After Hours Phone: (858)
218-3000
 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM





LEMON GROVE



CERTIFIED NURSE PRACTITIONER

ALLEN, KATHERINE

Provider ID: 419139
Provider Gender: Female
License Number: NP95009933
NPI: 1831557024
 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 7592 BROADWAY
LEMON GROVE, CA 91945
 Phone: (619) 515-2550
 After Hours Phone: (619)
515-2550
 Website: N/A



Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 9AM-5PM

CERTIFIED NURSE





PRACTITIONER


SMITH, SHARON

Provider ID: 419139
Provider Gender: Female
License Number: NP15444
NPI: 1780603597

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

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO



 7592 BROADWAY
LEMON GROVE, CA 91945
 Phone: (619) 515-2550
 After Hours Phone: (619)
515-2550
 Website: N/A

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

CERTIFIED NURSE PRACTITIONER

SMITH, SHARON

Provider ID: 419139
Provider Gender: Female
License Number: RN428876
NPI: 1780603597

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

TOTH, JESSICA

Provider ID: 419139

Provider Gender: Female

License Number: NP95001050

NPI: 1578993788

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA

Provider ID: 419139

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

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

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

DORN, TIA

Provider ID: 419139

Provider Gender: Female

License Number: C172318

NPI: 1285074740

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

FAMILY PRACTICE

KIM, YUHEE

Provider ID: 419139

Provider Gender: Female

License Number: A107323

NPI: 1629289400

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

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

FQHC

LEMON GROVE FAMILY HEALTH CENTER,

Provider ID: 419139

NPI: 1427282466

☑ Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO

📍 7592 BROADWAY
LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550
Fax: (619) 825-9577

🕒 After Hours Phone: (619) 515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

INTERNAL MEDICINE

GALLARES, DANIEL

Provider ID: 419139

Provider Gender: Male

License Number: A165925

NPI: 1245689488

☑ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

📍 7592 BROADWAY
LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550

🕒 After Hours Phone: (619) 515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 419139

Provider Gender: Female

License Number: A68463

NPI: 1376663831

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

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

📍 7592 BROADWAY
LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550

🕒 After Hours Phone: (619) 515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 419139

Provider Gender: Male

License Number: A113001

NPI: 1225231582

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

📍 7592 BROADWAY
LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550

🕒 After Hours Phone: (619) 515-2550

🌐 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F
8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 419139

Provider Gender: Female

License Number: A163464

NPI: 1326531401

📄 Provider English Spoken: Y

📄 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 7592 BROADWAY
LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550

🕒 After Hours Phone: (619)
515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 419139

Provider Gender: Male

License Number: A108228

NPI: 1629277322

📄 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 7592 BROADWAY
LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550

🕒 After Hours Phone: (619)
515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
♿ Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 419139

Provider Gender: Female

License Number: A178499

NPI: 1033613732

📄 Provider English Spoken: Y

📄 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 7592 BROADWAY
LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550

🕒 After Hours Phone: (619)
515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
♿ Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 419139

Provider Gender: Female

License Number: C174771

NPI: 1053392035

📄 Provider English Spoken: Y

📄 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 7592 BROADWAY
LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

📞 After Hours Phone: (619) 515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 419139

Provider Gender: Female

License Number: A72005

NPI: 1649208711

📄 Provider English Spoken: Y

📄 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

📍 7592 BROADWAY LEMON GROVE, CA 91945

📞 Phone: (619) 515-2550

📞 After Hours Phone: (619) 515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

♿ Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 419139

Provider Gender: Female

License Number: A164859

NPI: 1952751711

📄 Provider English Spoken: Y

📄 Provider Language(s) Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

📍 7592 BROADWAY LEMON GROVE, CA 91945

📞 Phone: (619) 515-2550

📞 After Hours Phone: (619) 515-2550

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 419139

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

Provider ID: 419139

Provider Gender: Male

License Number: G78814

NPI: 1699790634

📄 Provider English Spoken: Y

📄 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 419139
Provider Gender: Female
License Number: 20A14119
NPI: 1689060063

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

Cultural Competency: N

Hospital Affiliation:

MARINHEALTH AND
MARINHEALTH MEDICAL
CENTER, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

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

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

FLEMING, DAVID

Provider ID: 419139
Provider Gender: Male
License Number: PA12416
NPI: 1932329505

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

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

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

NATIONAL CITY

CERTIFIED NURSE PRACTITIONER

AQUINO, FELINO

Provider ID: 417102
Provider Gender: Male
License Number: NP22974
NPI: 1356684781

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

Board Certified Specialty: No
OPERATION SAMAHAN

2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
Phone: (844) 200-2426
After Hours Phone: (844)
200-2426

Website: www.operationsa
mahan.org

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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




CERTIFIED NURSE PRACTITIONER

AQUINO, FELINO

Provider ID: 418302

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية




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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM




CERTIFIED NURSE PRACTITIONER

DHARKAR-SURBER, SAPNA
Provider ID: 185270
Provider Gender: Female
License Number: NP95013257
NPI: 1538707765
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Marathi, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY
HOSPITAL
Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC
 217 HIGHLAND AVE
NATIONAL CITY, CA 91950
 Phone: (619) 434-7308
Fax: (619) 434-7310
 After Hours Phone: (619)
434-7308
 Website: www.lamaestra.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA
Provider ID: 418302
Provider Gender: Female
License Number: NP95000203
NPI: 1093130395
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No
OPERATION SAMAHAN
 2101 GRANGER AVE
NATIONAL CITY, CA 91950
 Phone: (844) 200-2426
 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA
Provider ID: 417102
Provider Gender: Female
License Number: NP95000203
NPI: 1093130395
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No
OPERATION SAMAHAN
 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
 Phone: (844) 200-2426
 After Hours Phone: (844)
200-2426
 Website: www.operationsamahan.org
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

CERTIFIED NURSE PRACTITIONER

LUM, YUIN-WAH

Provider ID: 418930

Provider Gender: Female


License Number: NP95010663


NPI: 1942764477

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1000 EUCLID AVE
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

 After Hours Phone: (619)
515-2399

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

NEVAREZ, IRENE

Provider ID: 185270

Provider Gender: Female

License Number: NP95009891

NPI: 1003166646

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

Cultural Competency: N


Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 564-8765

 After Hours Phone: (619)
564-8765

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

OCHOA, ERLINDA

Provider ID: 185270

Provider Gender: Female

License Number: NP4430


NPI: 1346437464

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

Cultural Competency: N


Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)


434-7308


 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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

CERTIFIED NURSE PRACTITIONER

REAL, MARIA

Provider ID: 185270

Provider Gender: Female

License Number: NP17328

NPI: 1548450471


Provider English Spoken: Y
 Provider Language(s)
Spoken: Catalan, German,
Spanish


Cultural Competency: N


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

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)
434-7308

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5:30PM

CERTIFIED NURSE PRACTITIONER

REID, EMILY

Provider ID: 185270

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

Provider ID: 185270

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):

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5:30PM

CERTIFIED NURSE PRACTITIONER

VILLANUEVA DE GUTIE, BERENICE

Provider ID: 185270

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

Min/Max Age: 0\None

American Sign Language (ASL):

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5:30PM

CERTIFIED NURSE PRACTITIONER

WILLIAMS, BREAHA

Provider ID: 185270

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5:30PM

CHIROPRACTOR



HOURIHAN, KEITH

Provider ID: 185270
 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
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):





N
 Accessibility: CONTACT PROVIDER
 Hours: TH 8AM-2PM

FAMILY PRACTICE



ALGHAMDI, ASMA

Provider ID: 227418
 Provider Gender: Female
 License Number: A167529

NPI: 1316310840
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/paradise-hills-family-clinic



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

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




FAMILY PRACTICE


ANDAYA, MIKHAEL

Provider ID: 418930
 Provider Gender: Male
 License Number: A176878
 NPI: 1780189209

 Provider English Spoken: Y
 Provider Language(s) Spoken: Tagalog
 Cultural Competency: N
 Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 1000 EUCLID AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 515-2399
 After Hours Phone: (619)


515-2399
 Website: www.fhcscd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):


FAMILY PRACTICE



BAEZ, BEATRICE

Provider ID: 417102
 Provider Gender: Female
 License Number: A74777
 NPI: 1245372507

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 OPERATION SAMAHAN

 2743 HIGHLAND AVE
 NATIONAL CITY, CA 91950
 Phone: (844) 200-2426
 After Hours Phone: (844) 200-2426

 Website: www.operationsamahan.org
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY PRACTICE


CAMPBELL, BRIANNA

Provider ID: 227418

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/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


CANLAS, AVELINO


Provider ID: 417102

Provider Gender: Male

License Number: A74854

NPI: 1275682528

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: PARADISE
VALLEY HOSPITAL

Board Certified Specialty: No
OPERATION SAMAHAN

 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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

FAMILY PRACTICE


CARRIEDO-CENICEROS, MARIA


Provider ID: 227412

Provider Gender: Female

License Number: A78373


NPI: 1295746618

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1136 D AVE

NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/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

Provider ID: 227412

Provider Gender: Male

License Number: A55469

NPI: 1720181829

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1136 D AVE
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 474-3722

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/national-city-family-clinic-1

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


DILLON, MAYRA

Provider ID: 227412

Provider Gender: Female

License Number: A112571

NPI: 1629232715

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No

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


 Website: 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

LANUZA, MARK J

Provider ID: 418930

Provider Gender: Male


License Number: 20A18460


NPI: 1992230593


 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

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

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

FAMILY PRACTICE

LAW, KAREN

Provider ID: 227418

Provider Gender: Female

License Number: A138534

NPI: 1205253150

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: CHULA


VISTA COMM HOSP


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LEUTE, ERIC

Provider ID: 227418

Provider Gender: Male

License Number: A80832

NPI: 1720171507

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

FAMILY PRACTICE

MEDINA, ALEXANDER

Provider ID: 361428
Provider Gender: Male
License Number: A133539
NPI: 1467714436

☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 330 E 8TH ST
NATIONAL CITY, CA 91950
☎ Phone: (619) 662-4100
🕒 After Hours Phone: (619) 662-4100

🌐 Website: www.syhealth.org

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

FAMILY PRACTICE

MOHAMEDI, NADIA

Provider ID: 227418
Provider Gender: Female
License Number: A146819
NPI: 1477947364
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
☎ Phone: (619) 662-4100
🕒 After Hours Phone: (619) 662-4100

🌐 Website: syhealth.org/clinics/paradise-hills-family-clinic
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

Provider ID: 227418
Provider Gender: Female
License Number: A113624
NPI: 1952563421
☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Filipino, Spanish, Tagalog

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950
☎ Phone: (619) 662-4100
☎ Fax: (619) 259-2807

🕒 After Hours Phone: (619) 662-4100
🌐 Website: syhealth.org/clinics/paradise-hills-family-clinic
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N








♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

NIKZAD, JASON






Provider ID: 361428
Provider Gender: Male
License Number: 20A12653
NPI: 1508121674




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

FAMILY PRACTICE







NOLASCO, JOANNA


Provider ID: 227412
 Provider Gender: Female
 License Number: A138919
 NPI: 1154749315
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1136 D AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100

 Website: syhealth.org/clinic
 s/national- city- family- cli
 nic- 1
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE








OCEGUEDA, JOSHUA

Provider ID: 227412
 Provider Gender: Male
 License Number: A165184
 NPI: 1336643345
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1136 D AVE
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: syhealth.org/clinic
 s/national- city- family- cli
 nic- 1
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

RICHARDSON, DANIELLE

Provider ID: 227418
 Provider Gender: Female
 License Number: A127555
 NPI: 1609142892
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: French,
 Portuguese, Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL
 ENCINITAS
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 2400 E 8TH ST STE A
 NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: syhealth.org/clinic
 s/paradise- hills- family- cli
 nic
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

FAMILY PRACTICE

ROBERTS, POMAI


Provider ID: 227412
 Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

License Number: A103218

NPI: 1023278314

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE


SCHUMAKER, EDWARD

Provider ID: 185270

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)
434-7308

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE


SNOOK, BRIAN

Provider ID: 227418

Provider Gender: Male

License Number: 20A11518

NPI: 1295977353


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

 Phone: (619) 662-4100

Fax: (619) 259-2806

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

STONES, RACHEL

Provider ID: 185270

Provider Gender: Female

License Number: A167184

NPI: 1720583040


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 280-4213

 After Hours Phone: (619)
280-4213

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: TH 8AM-2PM

FAMILY PRACTICE

VELASQUEZ, SHARON

Provider ID: 227418



Provider Gender: Female

License Number: A71304

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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/clinic/s/paradise-hills-family-clinic

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FQHC

**FAMILY HEALTH CTR SD
NATIONAL CITY,**


Provider ID: 418930

NPI: 1417409228

 Provider English Spoken: Y
Cultural Competency: N


FAMILY HEALTH CENTERS OF
SAN DIEGO

 1000 EUCLID AVE
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

Fax: (619) 269-0053

 After Hours Phone: (619)
515-2399


 Website: www.fhcsd.org

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: 185270

NPI: 1336353721


 Provider English Spoken: Y
Cultural Competency: N


LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

Fax: (619) 434-7310

 After Hours Phone: (619)
434-7308

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: TH 8AM-2PM

FQHC

**OPERATION SAMAHAN -
NATIONAL C,**


Provider ID: 417102

NPI: 1801907449


 Provider English Spoken: Y
Cultural Competency: N


OPERATION SAMAHAN

 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (619) 474-3919

 After Hours Phone: (844)
200-2426


 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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

FQHC

**OPERATION SAMAHAN
GRANGER SCHOOL BASED,**

Provider ID: 418302



NPI: 1205134517

 Provider English Spoken: Y
Cultural Competency: N

OPERATION SAMAHAN

 2101 GRANGER AVE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

NATIONAL CITY, CA 91950
 Phone: (844) 200-2426
 Fax: (619) 434-8999
 After Hours Phone: (844) 200-2426
 Website: www.operationsamahahan.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH

NATIONAL CITY,


Provider ID: 227412

NPI: 1003869363

 Provider English Spoken: Y
 Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 1136 D AVE
 NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 474-3722

 After Hours Phone: (619) 662-4100


 Website: syhealth.org/clinics/national-city-family-clinic-1

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH

PARADISE HILLS,


Provider ID: 227418

NPI: 1598907487


 Provider English Spoken: Y
 Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

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

 Phone: (619) 662-4100

Fax: (619) 259-2807


 After Hours Phone: (619) 662-4100


 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH SOUTH

BAY,


Provider ID: 361428

NPI: 1851757215

 Provider English Spoken: Y
 Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 330 E 8TH ST
 NATIONAL CITY, CA 91950

 Phone: (619) 662-4100
 Fax: (619) 434-3514


 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

HEPATOLOGY

GISH, ROBERT


Provider ID: 185270

Provider Gender: Male

License Number: G45632

NPI: 1548281322

 Provider English Spoken: Y


 Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese


Cultural Competency: N


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE
 NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619) 434-7308

 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

INTERNAL MEDICINE

BRAVERMAN, IRA

Provider ID: 10635

Provider Gender: Male

NPI: 1124039755

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

Hospital Affiliation: PARADISE
VALLEY HOSPITAL

Board Certified Specialty: Yes
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950

Phone: (619) 267-8181

Fax: (619) 479-6750

After Hours Phone: (619)
267-8181

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

INTERNAL MEDICINE

HEKMAT, RAZI

Provider ID: 78388

Provider Gender: Male

NPI: 1871501205

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: 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

Provider ID: 361428

Provider Gender: Female

License Number: G71855

NPI: 1124176102

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

330 E 8TH ST
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

LAMANTIA, MICHELE

Provider ID: 227412

Provider Gender: Female

License Number: G71855

NPI: 1124176102

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1136 D AVE
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinic
s/national-city-family-clinic-1

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PROVIDER	Provider ID: 185270 Provider Gender: Male License Number: A41375 NPI: 1447389101	Global Medical Center, Menifee Global Medical Center, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
INTERNAL MEDICINE		
ROUEL, WADI	Provider ID: 185270 Provider Gender: Male License Number: C55979 NPI: 1740254713	2400 E 8TH ST STE A NATIONAL CITY, CA 91950 Phone: (619) 662-4100 After Hours Phone: (619) 662-4100 Website: syhealth.org/clinic s/paradise-hills-family-clinic Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N
Provider English Spoken: Y	Provider English Spoken: Y	
Provider Language(s) Spoken: Arabic, Assyrian, Spanish, Syriac	Provider Language(s) Spoken: Spanish	Accessibility: CONTACT PROVIDER
Cultural Competency: N	Cultural Competency: N	
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL	Hospital Affiliation: SHARP CHULA VISTA MED CTR Board Certified Specialty: No LA MAESTRA FAMILY CLINIC	
Board Certified Specialty: No LA MAESTRA FAMILY CLINIC	217 HIGHLAND AVE NATIONAL CITY, CA 91950 Phone: (619) 798-3977 After Hours Phone: (619) 798-3977 Website: www.lamaestra.org	
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	
Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N	Accessibility: CONTACT PROVIDER	
Hours: M-F 8AM-5:30PM		
NEUROLOGY		
CANTU-REYNA, GUILLERMO	Provider ID: 227418 Provider Gender: Female License Number: A118227 NPI: 1851667661	PEDIATRICS
	Provider English Spoken: Y Provider Language(s) Spoken: Faroese, Fataleka Cultural Competency: N Hospital Affiliation: Hemet	BAILONY, AHMAD Provider ID: 146949 Provider Gender: Male NPI: 1790914422
		Provider English Spoken: Y Provider Language(s) Spoken: Arabic, Spanish Cultural Competency: N Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SHARP MEMORIAL

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

PEDIATRICS

BAILONY, MOHAMMED

Provider ID: 30132

Provider Gender: Male

NPI: 1376625913

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

PARADISE VALLEY HOSPITAL,

SHARP CHULA VISTA MED

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH NETWORK

655 EUCLID AVE STE 205
NATIONAL CITY, CA 91950

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):

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

PEDIATRICS

BARBADILLO, TERESITA

Provider ID: 84258

Provider Gender: Female

NPI: 1952416695

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

655 EUCLID AVE STE 201
NATIONAL CITY, CA 91950

Phone: (619) 267-8601

Fax: (619) 267-2242

After Hours Phone: (619)

267-8601

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

PEDIATRICS

BONSU, BEMA

Provider ID: 227412

Provider Gender: Male

License Number: C55180

NPI: 1932106986

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1136 D AVE

NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: syhealth.org/clinic
s/national- city- family- cli
nic- 1


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Accessibility: CONTACT PROVIDER*

PEDIATRICS


CONE, STEPHANIE

Provider ID: 185270

Provider Gender: Female

License Number: A123929

NPI: 1437444858

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N

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

Board Certified Specialty: No 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*

PEDIATRICS

DABU, LISA

Provider ID: 687944


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\19

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

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

PEDIATRICS


DAY, CHRISTOPHER

Provider ID: 418930

Provider Gender: Male

License Number: A163862

NPI: 1184121253


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 *1000 EUCLID AVE NATIONAL CITY, CA 91950*

 *Phone: (619) 515-2399*

 *After Hours Phone: (619) 515-2399*


 *Website: www.fhcsd.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8:30AM-3:30PM TU 10:30AM-5:30PM W 8:30AM-3:30PM TH 10:30AM-5:30PM F 8:30AM-3:30PM*

PEDIATRICS


FRESNO, BLANCA

Provider ID: 102433

Provider Gender: Female

NPI: 1346258787

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish, Tagalog*

Cultural Competency: N

Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 *655 EUCLID AVE STE 207 NATIONAL CITY, CA 91950*

 *Phone: (619) 475-4575*

Fax: (619) 475-4578

 *After Hours Phone: (619) 475-4575*

 *Website: N/A*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU-SA 8AM-5PM

PEDIATRICS

GARCIA, RAFAEL

Provider ID: 84954

Provider Gender: Male

NPI: 1053414086

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

📍 610 EUCLID AVE STE 302 NATIONAL CITY, CA 91950

☎ Phone: (619) 527-7700

Fax: (619) 527-3226

🕒 After Hours Phone: (619) 527-7700

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

RANA, DEBORAH

Provider ID: 227418

Provider Gender: Female

License Number: G88347

NPI: 1033191457

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, CHULA

VISTA COMM HOSP

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619) 662-4100

🌐 Website: syhealth.org/clinic/s/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

Provider ID: 424443

Provider Gender: Female

NPI: 1154431484

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

📍 2340 E 8TH ST STE E NATIONAL CITY, CA 91950

☎ Phone: (619) 216-8500

Fax: (619) 216-8511

🕒 After Hours Phone: (619) 216-8511

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

VALENCIA, MARILES

Provider ID: 104060

Provider Gender: Female

NPI: 1275541625

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

VISTA, PARADISE VALLEY
HOSPITAL, SHARP CHULA
VISTA MED CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

655 EUCLID AVE STE 207
NATIONAL CITY, CA 91950

Phone: (619) 475-4575

Fax: (619) 475-4578

After Hours Phone: (619)
475-4575

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: SU-SA 8AM-5PM

PHYSICIANS ASSISTANT

ARMENTA, JORGE

Provider ID: 185270

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

Provider ID: 418930

Provider Gender: Female

License Number: PA55660

NPI: 1720524374

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1000 EUCLID AVE
NATIONAL CITY, CA 91950

Phone: (619) 515-2399

After Hours Phone: (619)
515-2399

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

MARTINEZ-MURGUIA, IRENE

Provider ID: 185270

Provider Gender: Female

License Number: PA20296

NPI: 1447492889

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

217 HIGHLAND AVE
NATIONAL CITY, CA 91950

Phone: (619) 434-7308

After Hours Phone: (619)
434-7308

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

MERCER, KELLY

Provider ID: 185270

Provider Gender: Female

License Number: PA21625

NPI: 1154609790

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

OCEANSIDE

CERTIFIED NURSE PRACTITIONER

BAEK, KILHYO

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571

NPI: 1053776914

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

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

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

BAEK, KILHYO

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571

NPI: 1053776914

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

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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

CERTIFIED NURSE

PRACTITIONER

BAEK, KILHYO

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571

NPI: 1053776914

Provider English Spoken: Y

Provider Language(s)

Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD

OCEANSIDE, CA 92057

Phone: (760) 631-5000

After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE

PRACTITIONER

BINETTE, DONYA

Provider ID: 480247

Provider Gender: Female

License Number: NP95001653

NPI: 1427325166

Provider English Spoken: Y

Provider Language(s)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 2210 MESA DR STE 300
 OCEANSIDE, CA 92054
 Phone: (760) 757-5841
 After Hours Phone: (760)
 757-5841
 Website: N/A

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 SA 8AM-4:30PM

CERTIFIED NURSE PRACTITIONER

BINETTE, DONYA

Provider ID: 480247
 Provider Gender: Female
 License Number: NP95001653
 NPI: 1427325166

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

2210 MESA DR STE 300
 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

Provider ID: 206341
 Provider Gender: Male
 License Number: NP95017483
 NPI: 1679140644

Provider English Spoken: Y
 Cultural Competency: N

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.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

CHILAKA, SAMUEL

Provider ID: 206341
 Provider Gender: Male
 License Number: NP95017483
 NPI: 1679140644

Provider English Spoken: Y
 Cultural Competency: N

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760)
 631-5000
 Website: www.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

CHILAKA, SAMUEL

Provider ID: 206341
 Provider Gender: Male
 License Number: NP95017483
 NPI: 1679140644

Provider English Spoken: Y
 Cultural Competency: N

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

CHRISTY, TYLER

Provider ID: 206341

Provider Gender: Male

License Number: NP95025871

NPI: 1689094971

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Website: www.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

Provider ID: 206341

Provider Gender: Male

License Number: NP95025871

NPI: 1689094971

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Website: www.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

Provider ID: 206341

Provider Gender: Male

License Number: NP95025871

NPI: 1689094971

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Website: www.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

CORY, ALLISON

Provider ID: 206341

Provider Gender: Female

License Number: NP20497

NPI: 1194027706

Provider English Spoken: Y
Cultural Competency: N




Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057





Phone: (760) 631-5000




After Hours Phone: (760)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





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

CORY, ALLISON
 Provider ID: 206341
 Provider Gender: Female
 License Number: NP20497
 NPI: 1194027706
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000


 Website: www.vistacommu-nityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM SA 9AM-4PM







CERTIFIED NURSE PRACTITIONER

CORY, ALLISON
 Provider ID: 206341
 Provider Gender: Female
 License Number: NP20497
 NPI: 1194027706
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000






 Website: www.vistacommu-nityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

DECARLI, TASIA
 Provider ID: 206341
 Provider Gender: Female
 License Number: NP95001650
 NPI: 1598158768
 Provider English Spoken: Y
 Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760) 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


DECARLI, TASIA
 Provider ID: 206341
 Provider Gender: Female
 License Number: NP95001650
 NPI: 1598158768
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommu-nityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

American Sign Language (ASL): Provider ID: 206341

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

DECARLI, TASIA

Provider ID: 206341

Provider Gender: Female


License Number: NP95001650


NPI: 1598158768

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
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

EVERETT, ELIZABETH

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


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



EVERETT, ELIZABETH

Provider ID: 206341

Provider Gender: Female

License Number: NP95025094


NPI: 1942952767

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Sign Language

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org


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



EVERETT, ELIZABETH

Provider ID: 206341

Provider Gender: Female

License Number: NP95025094


NPI: 1942952767

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Sign Language


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER


HALGEDAHL, YI TING

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Chinese, Mandarin


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000


 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER


HALGEDAHL, YI TING

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Chinese, Mandarin


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER


HALGEDAHL, YI TING

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Chinese, Mandarin


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

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

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Chinese, Mandarin


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 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

CERTIFIED NURSE PRACTITIONER


HALGEDAHL, YI TING


Provider ID: 206341

Provider Gender: Female

License Number: NP95006826



NPI: 1619246907

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, Mandarin
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000


 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER


HALGEDAHL, YI TING


Provider ID: 206341

Provider Gender: Female

License Number: NP95006826



NPI: 1619246907

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, Mandarin
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000


 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI TING


Provider ID: 206341

Provider Gender: Female

License Number: NP95006826



NPI: 1619246907


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, Mandarin
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000


 Website: www.vistacommunityclinic.org

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

Provider ID: 206341

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 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


HARRIS, PAMELA

Provider ID: 206341

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.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

HARRIS, PAMELA

Provider ID: 206341

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.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

HOWELL, AMANDA

Provider ID: 206341

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.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

HOWELL, AMANDA

Provider ID: 206341

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.vistacommu-nityclinic.org

Medi-Cal Open Panel: Yes






Min/Max Age: 0\None

American Sign Language (ASL):




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM SA 9AM-4PM</p>	<p>Provider Gender: Female</p> <p>License Number: NP95003447</p> <p>NPI: 1245695006</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: TRI CITY MEDICAL CTR</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p>	<p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: TRI CITY MEDICAL CTR</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p>
<p><u>CERTIFIED NURSE PRACTITIONER</u></p>		
<p>HOWELL, AMANDA</p> <p>Provider ID: 206341</p> <p>Provider Gender: Female</p> <p>License Number: NP95020894</p> <p>NPI: 1427797943</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 4700 N RIVER RD OCEANSIDE, CA 92057</p> <p> Phone: (760) 631-5000</p> <p> After Hours Phone: (760) 631-5000</p> <p> Website: www.vistacommunityclinic.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p>	<p> 818 PIER VIEW WAY OCEANSIDE, CA 92054</p> <p> Phone: (760) 631-5000</p> <p> After Hours Phone: (760) 631-5000</p> <p> Website: www.vistacommunityclinic.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-TU 8AM-5PM W 8AM-7PM TH-F 8AM-5PM SA 9AM-4PM</p>	<p> 818 PIER VIEW WAY OCEANSIDE, CA 92054</p> <p> Phone: (760) 631-5000</p> <p> After Hours Phone: (760) 631-5000</p> <p> Website: www.vistacommunityclinic.org</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-TU 8AM-5PM W 8AM-7PM TH-F 8AM-5PM SA 9AM-4PM</p>
<p><u>CERTIFIED NURSE PRACTITIONER</u></p>		
<p>KELLEHER, BRIDGET</p> <p>Provider ID: 402434</p>	<p><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>KELLEHER, BRIDGET</p> <p>Provider ID: 402434</p> <p>Provider Gender: Female</p> <p>License Number: NP95003447</p> <p>NPI: 1245695006</p> <p> Provider English Spoken: Y</p>	<p><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>TAYLOR, CHRISTOPHER</p> <p>Provider ID: 206341</p> <p>Provider Gender: Male</p> <p>License Number: NP95020584</p> <p>NPI: 1851747166</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 4700 N RIVER RD</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.







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
 Provider ID: 206341
 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
 Provider ID: 206341
 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

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH
 Provider ID: 206341
 Provider Gender: Female
 License Number: 20A12958
 NPI: 1003172016

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR
 Board Certified Specialty: No
 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
 Provider ID: 206341
 Provider Gender: Female
 License Number: 20A12958
 NPI: 1003172016
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

Provider ID: 206341
Provider Gender: Female
License Number: 20A12958
NPI: 1003172016

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL
ENCINITAS, TRI CITY MEDICAL
CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

FATLAND, SARAH

Provider ID: 206341
Provider Gender: Female
License Number: 20A18374
NPI: 1831354026

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

FATLAND, SARAH

Provider ID: 206341
Provider Gender: Female
License Number: 20A18374
NPI: 1831354026

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

FATLAND, SARAH

Provider ID: 206341
Provider Gender: Female
License Number: 20A18374
NPI: 1831354026

Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

KETCHEL, CLINT

Provider ID: 206341
Provider Gender: Male
License Number: A135564
NPI: 1699038125
Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
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

Provider ID: 206341
Provider Gender: Male
License Number: A135564
NPI: 1699038125
Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,

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

Provider ID: 206341
Provider Gender: Male
License Number: A135564
NPI: 1699038125
Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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): Min/Max Age: 0\None

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 9AM-4PM

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

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

Provider ID: 402434

Provider Gender: Male

License Number: A135564

NPI: 1699038125

Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,

FAMILY PRACTICE

KETCHEL, CLINT

Provider ID: 402434

Provider Gender: Male

License Number: A135564

NPI: 1699038125

Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,

FAMILY PRACTICE

MILLER, DIANA

Provider ID: 402436

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







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.






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



Provider ID: 402436
 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):
 License Number: 20A21066
 NPI: 1891069662
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

FAMILY PRACTICE

NGUYEN, DANIELA



Provider ID: 206341
 Provider Gender: Female
 License Number: 20A21066
 NPI: 1891069662
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 SA 9AM-4PM

FAMILY PRACTICE






NGUYEN, DANIELA

Provider ID: 206341
 Provider Gender: Female

American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 SA 9AM-4PM

FAMILY PRACTICE

NGUYEN, DANIELA


Provider ID: 206341
 Provider Gender: Female
 License Number: 20A21066
 NPI: 1891069662
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760) 631-5000
 Website: www.vistacommunityclinic.org


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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


PANICKER, CIBU

Provider ID: 206341

Provider Gender: Male

License Number: A149340


NPI: 1235492760


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

PANICKER, CIBU

Provider ID: 206341

Provider Gender: Male

License Number: A149340


NPI: 1235492760


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

PANICKER, CIBU

Provider ID: 206341

Provider Gender: Male

License Number: A149340

NPI: 1235492760


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: TRI CITY
MEDICAL CTR


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

VIDAL, MONICA

Provider ID: 206341

Provider Gender: Female

License Number: 20A8949

NPI: 1871791749


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org



Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



C. دليل الرعاية الأولية

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
SA 9AM-4PM

FAMILY PRACTICE

VIDAL, MONICA







Provider ID: 206341
Provider Gender: Female
License Number: 20A8949
NPI: 1871791749
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000
 Website: www.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



Provider ID: 206341
Provider Gender: Female
License Number: 20A8949

NPI: 1871791749
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000
 Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
SA 9AM-4PM

FQHC








TRUECARE,

Provider ID: 480247
NPI: 1245246917
 Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
 2210 MESA DR STE 300
OCEANSIDE, CA 92054
 Phone: (760) 736-6767
Fax: (760) 736-6744
 After Hours Phone: (760)
736-6767
 Website: N/A
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
SA 8AM-4:30PM

FQHC

VISTA COMMUNITY CLINIC,

Provider ID: 206341
NPI: 1851300123
 Provider English Spoken: Y
Cultural Competency: N
IHP OF SOUTHERN CAL-PHP
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: www.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: 206341
NPI: 1649662719

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


C. دليل الرعاية الأولية

 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: 206341

NPI: 1316501562

 Provider English Spoken: Y
 Cultural Competency: N
 IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
 OCEANSIDE, CA 92057
 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760)
 631-5000


 Website: www.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: 402436

NPI: 1609094036

 Provider English Spoken: Y
 Cultural Competency: N
 IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760)
 631-5000


 Website: www.vistacommunityclinic.org

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: 402436

NPI: 1609094036

 Provider English Spoken: Y
 Cultural Competency: N
 IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760)
 631-5000


 Website: www.vistacommunityclinic.org

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: 402434

NPI: 1629357355

 Provider English Spoken: Y
 Cultural Competency: N
 IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760)
 631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

American Sign Language (ASL): Provider ID: 206341

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TU 8AM-5PM
W 8AM-7PM
TH-F 8AM-5PM
SA 9AM-4PM

FQHC

VISTA COMMUNITY CLINIC PIER VIEW WAY,

Provider ID: 402434

NPI: 1629357355

☑ Provider English Spoken: Y
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

INTERNAL MEDICINE

HASSANI, FARZANEH

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

Provider ID: 206341

Provider Gender: Female

License Number: C54458

NPI: 1942204979

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: Arabic, Farsi,
Persian, Urdu

Cultural Competency: N

Hospital Affiliation: 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

Provider ID: 206341

Provider Gender: Female

License Number: C54458

NPI: 1942204979

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Arabic, Farsi,
Persian, Urdu

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

CALHOUN, CHANELLE

Provider ID: 344145

Provider Gender: Female

NPI: 1437166709

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

2210 MESA DR STE 300
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

CALHOUN, CHANELLE

Provider ID: 480247

Provider Gender: Female

License Number: G75390

NPI: 1437166709

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

2210 MESA DR STE 300

OCEANSIDE, CA 92054

Phone: (760) 891-4667

After Hours Phone: (760) 891-4667

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

PEDIATRICS

CALHOUN, CHANELLE

Provider ID: 480247

Provider Gender: Female

License Number: G75390

NPI: 1437166709

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

2210 MESA DR STE 300

OCEANSIDE, CA 92054

Phone: (760) 891-4667

After Hours Phone: (760) 891-4667

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

PEDIATRICS

CURLEY, EDWARD



Provider ID: 480247

Provider Gender: Male

License Number: A73814

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

NPI: 1164434312


 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
 MEDICAL CTR

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054

 Phone: (760) 736-6767

 After Hours Phone: (760)
 736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM
 SA 8AM-4:30PM

PEDIATRICS



CURLEY, EDWARD

Provider ID: 480247

Provider Gender: Male

License Number: A73814

NPI: 1164434312

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY
 MEDICAL CTR


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054

 Phone: (760) 736-6767

 After Hours Phone: (760)
 736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM
 SA 8AM-4:30PM



PEDIATRICS

CURLEY, EDWARD

Provider ID: 240736

Provider Gender: Male

NPI: 1164434312


 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
 MEDICAL CTR

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 2210 MESA DR STE 300
 OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)
 736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM
 SA 8AM-4:30PM

PEDIATRICS

DANIELS, SARAH

Provider ID: 433806

Provider Gender: Female


NPI: 1730446527


 Provider English Spoken: Y
 Cultural Competency: N


Hospital Affiliation: TRI CITY
 MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN
 DIEGO, SCRIPPS MEMORIAL
 HOSPITAL ENCINITAS,
 SCRIPPS MEMORIAL
 HOSPITAL

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 3605 VISTA WAY STE 130
 BLDG B
 OCEANSIDE, CA 92056

 Phone: (760) 547-1010

 After Hours Phone: (760)
 547-1010

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PROVIDER
 Hours: M-F 8AM-5PM





PEDIATRICS

GUNTA, SUJANA

Provider ID: 402434
 Provider Gender: Female
 License Number: A109056
 NPI: 1932304342

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Marathi, 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

Provider ID: 402434
 Provider Gender: Female

License Number: A109056
 NPI: 1932304342

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Marathi, 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

KRAMER, MELISSA


Provider ID: 469759
 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\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM
 SA 8AM-12PM


PEDIATRICS


MAC, VICTOR

Provider ID: 480247
 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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 480247

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

MACINTYRE, ELIZABETH

Provider ID: 543354

Provider Gender: Female

NPI: 1336520766


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: Yes


RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY BLDG B
STE 130

OCEANSIDE, CA 92056

 Phone: (760) 547-1010

Fax: (760) 547-1011

 After Hours Phone: (760)
547-1010


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-12PM

PEDIATRICS


MCCAMMACK, BRADLEY

Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3731

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

PEDIATRICS

MCCAMMACK, BRADLEY


Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3731

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

 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

Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

Provider English Spoken: Y


Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3731

 After Hours Phone: (760) 631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

PEDIATRICS

MILLER, DONALD

Provider ID: 433589

Provider Gender: Male

NPI: 1154356582

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER,

UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS


MEMORIAL HOSPITAL


Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY BLDG B STE 130 OCEANSIDE, CA 92056

 Phone: (760) 547-1010

 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

Provider ID: 685653

Provider Gender: Female

NPI: 1154520096


Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 2210 MESA DR STE 300 OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM SA 8AM-4:30PM

PEDIATRICS

PARK, RONALD

Provider ID: 271889

Provider Gender: Male

NPI: 1881695914

Provider English Spoken: Y

Provider Language(s)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 2210 MESA DR STE 300 OCEANSIDE, CA 92054
 Phone: (760) 736-6767
 Fax: (760) 736-8740
 After Hours Phone: (760) 736-6767
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM SA 8AM-4:30PM

PEDIATRICS

PERKINS, RACHEL

Provider ID: 435952
 Provider Gender: Female
 NPI: 1427398320
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, UCSF

BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3605 VISTA WAY STE 130 BLDG B OCEANSIDE, CA 92056
 Phone: (760) 547-1010
 After Hours Phone: (760) 547-1010
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

RONAN, KEVIN

Provider ID: 206341
 Provider Gender: Male
 License Number: G77176
 NPI: 1225017353
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Tagalog
 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

Provider ID: 206341
 Provider Gender: Male
 License Number: G77176
 NPI: 1225017353
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

PEDIATRICS


RONAN, KEVIN

Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish, Tagalog


Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

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

POWAY

FAMILY PRACTICE


KAUR, JATINDER


Provider ID: 481187

Provider Gender: Female

License Number: A120771

NPI: 1912141391


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Hindi, Punjabi,
Urdu


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 13010 POWAY RD
POWAY, CA 92064

 Phone: (858) 218-3000

 After Hours Phone: (858)
218-3000

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

FQHC

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER,

Provider ID: 481187


NPI: 1023518768

 Provider English Spoken: Y

Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 13010 POWAY RD
POWAY, CA 92064

 Phone: (858) 218-3000

Fax: (360) 462-2742

 After Hours Phone: (858)
218-3000

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

CURET, ZULMA


Provider ID: 481187

Provider Gender: Female

License Number: A119661

NPI: 1841561107


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 13010 POWAY RD
POWAY, CA 92064

 Phone: (858) 218-3000

 After Hours Phone: (858)
218-3000

 Website: N/A

Medi-Cal Open Panel: Yes


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


C. دليل الرعاية الأولية

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

LINDBACK, SARAH

Provider ID: 161834


Provider Gender: Female


NPI: 1427345487

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH, SCRIPPS MEMORIAL 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

Provider ID: 261797


Provider Gender: Female


NPI: 1881607984

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR HEALTH, 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

MOREIRA, LUCILA

Provider ID: 523761

Provider Gender: Female


NPI: 1104846567


 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, 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: SU-SA 8AM-5PM

PEDIATRICS

MORTIMER, DORI

Provider ID: 230552

Provider Gender: Female


NPI: 1417928417

 Provider English Spoken: Y
Cultural Competency: N


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*


PEDIATRICS

RAMGREN, AILEEN

Provider ID: 397707

Provider Gender: Female

NPI: 1356785505

 *Provider English Spoken: Y*

Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO, 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


RENDLER, NATHAN

Provider ID: 30205

Provider Gender: Male

NPI: 1275531337

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Hebrew, Spanish, Yiddish*

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN


DIEGO, PALOMAR HEALTH,


PALOMAR MEDICAL CENTER

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 15525 POMERADO RD STE 1 POWAY, CA 92064

 Phone: (858) 487-8333

Fax: (858) 487-0856

 After Hours Phone: (858) 487-8333

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5PM SA 9AM-5PM*

PEDIATRICS


TAI, KUANGKAI

Provider ID: 351834

Provider Gender: Male

NPI: 1396744066

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Chinese, Mandarin, Spanish*

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, RADY CHILDRENS

HOSPITAL SAN DIEGO,

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

☎ 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

Provider ID: 481187

Provider Gender: Female

License Number: PA23310

NPI: 1649692369

🗨 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 13010 POWAY RD
POWAY, CA 92064

☎ Phone: (858) 218-3000

☎ After Hours Phone: (858)
218-3000

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-4:30PM

RAMONA

CERTIFIED NURSE PRACTITIONER

DOAN, CHINH

Provider ID: 449438

Provider Gender: Female

License Number: NP18874

NPI: 1083845069

🗨 Provider English Spoken: Y

🗨 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 220 ROTANZI ST
RAMONA, CA 92065

☎ Phone: (760) 736-6767

☎ After Hours Phone: (760)
736-6767

🌐 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

FQHC

TRUECARE,

Provider ID: 449438

NPI: 1245246917

🗨 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 220 ROTANZI ST
RAMONA, CA 92065

☎ Phone: (760) 736-6767

Fax: (760) 736-6744

☎ After Hours Phone: (760)
736-6767

🌐 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM
SA 8AM-12PM

INTERNAL MEDICINE

HO, LYSA

Provider ID: 449438

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

INTERNAL MEDICINE

YUNG, DORIS

Provider ID: 449438

Provider Gender: Female

License Number: A89893

NPI: 1730386863

- Provider English Spoken: Y
- Provider Language(s) Spoken: Chinese, Mandarin, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

220 ROTANZI ST

RAMONA, CA 92065

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

REIFENBERGER, JODY

Provider ID: 449438

Provider Gender: Female

License Number: PA22669

NPI: 1386741072

- Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

220 ROTANZI ST

RAMONA, CA 92065

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

ZANGEN, ROCHELLE

Provider ID: 449438

Provider Gender: Female

License Number: PA51494

NPI: 1447681150

- Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

220 ROTANZI ST

RAMONA, CA 92065

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PROVIDER

SAN DIEGO

CARDIOVASCULAR DISEASE

GARIBYAN, VARTAN

Provider ID: 417937

Provider Gender: Male

License Number: 20A12504

NPI: 1790084143

- Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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

Provider ID: 432308

Provider Gender: Male

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

9855 ERMA RD STE 105
SAN DIEGO, CA 92131

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.operationsa
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

AQUINO, FELINO

Provider ID: 418535

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

9995 CARMEL MOUNTAIN
RD STE B10 AND B11

SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.operationsa
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TU
8:30AM-5:30PM

W 10AM-7PM
TH-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

ARTS, SERENA

Provider ID: 403583

Provider Gender: Female

License Number: NP10769

NPI: 1801881552

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

ARVIZU, MARGARITA

Provider ID: 417101

Provider Gender: Female

License Number: NP95024510
NPI: 1558058636

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

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


BELEN, NEZER

Provider ID: 206363


Provider Gender: Male


License Number: NP95009292
NPI: 1386120723

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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

CERTIFIED NURSE PRACTITIONER

BESTERFELDT, LYDIA

Provider ID: 482070

Provider Gender: Female


License Number: NP95013060


NPI: 1265929442

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)
810-8700


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

BURNS, DELLA

Provider ID: 233597

Provider Gender: Female


License Number: NP7413


NPI: 1871577023

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)
563-0250

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

CELESTIN-RAMSEY, AKANKE

Provider ID: 451167

Provider Gender: Female

License Number: NP8563


NPI: 1447450275


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org/clinics/king-chavez-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-4PM

CERTIFIED NURSE PRACTITIONER

CHASE, AVA

Provider ID: 206360

Provider Gender: Female

License Number: NP95000602

NPI: 1164496386

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

DAVIES-UPPAL, ALLISON

Provider ID: 207382
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

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): **DHARKAR-SURBER, SAPNA**
Provider ID: 185268

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
Indian Health Services: Y

CERTIFIED NURSE PRACTITIONER

DEMESSIE, RAHEL

Provider ID: 417101
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

Provider Gender: Female
License Number: NP95013257
NPI: 1538707765

Provider English Spoken: Y
Provider Language(s)
Spoken: Marathi, Spanish
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619)
255-9155

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM
SA 8AM-2PM

CERTIFIED NURSE PRACTITIONER

GALLEGOS, CYNTHIA

Provider ID: 206360

Provider Gender: Female

License Number: NP95016217

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

NPI: 1174105589

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

GARCIA, JOHNNY

Provider ID: 206363

Provider Gender: Male

License Number: NP95007000

NPI: 1932622156

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

GOLDFINGER, SARAH

Provider ID: 206360

Provider Gender: Female

License Number: NP95011313

NPI: 1134686744

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

HA, THU

Provider ID: 206046

Provider Gender: Female

License Number: NP95010517

NPI: 1346443983

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

HA, THU

Provider ID: 206046

Provider Gender: Female

License Number: NP95010517

NPI: 1346443983

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

HA, THU

Provider ID: 482070

Provider Gender: Female

License Number: NP95010517

NPI: 1346443983

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)
810-8700

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

**HARRINGTON, BARBARA
LORRAINE**

Provider ID: 185268

Provider Gender: Female

License Number: NP17008

NPI: 1659579134

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)
255-9155

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM
SA 8AM-2PM

CERTIFIED NURSE PRACTITIONER

HART, BECKY

Provider ID: 403583

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

Provider ID: 417101

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية


 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


HILL, GENIELYN


Provider ID: 417101

Provider Gender: Female

License Number: NP95020046

NPI: 1710632435

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No


OPERATION SAMAHAN

 10737 CAMINO RUIZ STE 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


HILLIARD, THESALONICA


Provider ID: 417101

Provider Gender: Female

License Number: NP95010585

NPI: 1861956724

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No


OPERATION SAMAHAN

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844) 200-2426


 Website: www.operationsamahan.org

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

HOANG, CHI

Provider ID: 482070

Provider Gender: Female

License Number: NP95004600


NPI: 1902350994


 Provider English Spoken: Y
Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858) 810-8700

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

HOGAN, ROSELYNN JOY

Provider ID: 206362

Provider Gender: Female

License Number: NP17852

NPI: 1205019510


 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish, Thai


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

📞 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

Provider ID: 206362

Provider Gender: Female

License Number: NP17852

NPI: 1205019510

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish, Thai

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
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

Provider ID: 206360

Provider Gender: Female

License Number: NP17852

NPI: 1205019510

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish, Thai

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113

📞 Phone: (619) 515-2300

📞 After Hours Phone: (619)
515-2300

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

HORNEY, KRISTAN

Provider ID: 403583

Provider Gender: Female

License Number: NP95007712

NPI: 1720590904

☑ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1501 IMPERIAL AVE
SAN DIEGO, CA 92101

📞 Phone: (619) 233-8500

📞 After Hours Phone: (619)
233-8500

🌐 Website: N/A

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5:30PM

CERTIFIED NURSE PRACTITIONER

INSTONE, SUSAN

Provider ID: 482070

Provider Gender: Female

License Number: NP4858

NPI: 1710223268

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

CERTIFIED NURSE PRACTITIONER

INSTONE, SUSAN

Provider ID: 233532

Provider Gender: Female

License Number: NP4858

NPI: 1710223268

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)
280-2058

Website: www.sdfamilycare.org

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

JOHNSON, SHAWNA AKIKO

Provider ID: 233597

Provider Gender: Female

License Number: NP95002518

NPI: 1922237809

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4290 POLK AVE

SAN DIEGO, CA 92105

Phone: (619) 563-0250

After Hours Phone: (619)
563-0250

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

KEMP, KATHRINE

Provider ID: 403583

Provider Gender: Female

License Number: NP95018497

NPI: 1316615313

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE

SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM

CERTIFIED NURSE PRACTITIONER

KHAN, MATTHEW

Provider ID: 417987

Provider Gender: Male

License Number: NP17838

NPI: 1942456124

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

KI, TRISH

Provider ID: 206046
Provider Gender: Female
License Number: NP23847
NPI: 1376840199

Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

KI, TRISH

Provider ID: 206046
Provider Gender: Female
License Number: NP23847
NPI: 1376840199

Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858) 279-0925
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER
Hours: M-F
8:30AM-5:30PM
SA 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

KI, TRISH

Provider ID: 482070
Provider Gender: Female
License Number: NP23847
NPI: 1376840199

Provider English Spoken: Y
Provider Language(s) Spoken: Vietnamese
Cultural Competency: N
Board Certified Specialty: No
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

CERTIFIED NURSE PRACTITIONER

LENNON, RYAN

Provider ID: 624977
Provider Gender: Female
License Number: NP95027593
NPI: 1558084855

Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

LIEBER, CAROL

Provider ID: 517403
Provider Gender: Female
License Number: NP20849
NPI: 1487889846

☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 316 25TH ST
SAN DIEGO, CA 92102
☎ Phone: (619) 238-5551
🕒 After Hours Phone: (619)
238-5551

🌐 Website: N/A
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

LIM, IMELDA

Provider ID: 417101
Provider Gender: Female
License Number: NP95000203
NPI: 1093130395

☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Tagalog

Cultural Competency: N
Board Certified Specialty: No
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-TU
8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

LU, TAMMY

Provider ID: 206360
Provider Gender: Female
License Number: NP95007253
NPI: 1457879132

☐ Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
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

Provider ID: 207382
Provider Gender: Female
License Number: NP95020369
NPI: 1669087326

☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


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

MARTIN, RIA

Provider ID: 206363
Provider Gender: Female
License Number: NP95005321
NPI: 1437695079

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 417101


N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

MARTINEZ, CAROLYN

Provider ID: 214492
Provider Gender: Female
License Number: NP22031
NPI: 1609101997

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
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


MENDOZA, GRETEL MARIE


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.operationsa
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER


MORAN, TIFFANY

Provider ID: 207382
Provider Gender: Female
License Number: NP95011037
NPI: 1730730649

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

☎ 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

NEVAREZ, IRENE

Provider ID: 185268

Provider Gender: Female

License Number: NP95009891

NPI: 1003166646

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

☎ Phone: (619) 564-8765

☎ After Hours Phone: (619) 564-8765

🌐 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-6PM
SA 8AM-2PM

CERTIFIED NURSE PRACTITIONER

NGUYEN, NINA

Provider ID: 417101

Provider Gender: Female

License Number: NP95020179

NPI: 1417699869

☑ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

📍 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

NOCEDA, ANA

Provider ID: 482070

Provider Gender: Female

License Number: NP19505

NPI: 1386971760

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

☎ After Hours Phone: (858) 810-8700

🌐 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM

W-F 8:30AM-5:30PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER


NOCEDA, ANA

Provider ID: 233532

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.






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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\22
American Sign Language (ASL): N
 **Accessibility:** CONTACT PROVIDER
 **Hours:** M-F 8AM-5PM SA 8AM-2PM



CERTIFIED NURSE PRACTITIONER

OCAMPO, ELAINE
Provider ID: 206046
Provider Gender: Female
License Number: NP95003427
NPI: 1063856805
 **Provider English Spoken:** Y


 **Provider Language(s) Spoken:** Mandarin, Yue Chinese
Cultural Competency: N
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 **Phone:** (858) 279-0925
 **After Hours Phone:** (858) 279-0925
 **Website:** www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 **Accessibility:** CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

OCAMPO, ELAINE
Provider ID: 206046
Provider Gender: Female
License Number: NP95003427
NPI: 1063856805
 **Provider English Spoken:** Y
 **Provider Language(s) Spoken:** Mandarin, Yue Chinese
Cultural Competency: N
Board Certified Specialty: No 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
Provider ID: 482070
Provider Gender: Female
License Number: NP95003427
NPI: 1063856805
 **Provider English Spoken:** Y
 **Provider Language(s) Spoken:** Mandarin, Yue Chinese
Cultural Competency: N
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 **Phone:** (858) 810-8700
 **After Hours Phone:** (858) 810-8700
 **Website:** www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 **Accessibility:** CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

Provider ID: 206360

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s)


Spoken: Amharic, Arabic


Cultural Competency: N

Board Certified Specialty: No

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

ODA, THAGHAR

Provider ID: 206360

Provider Gender: Female

License Number: RN810863

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s)


Spoken: Amharic, Arabic


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

Provider ID: 206363

Provider Gender: Female

License Number: RN810863

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s)


Spoken: Amharic, Arabic


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

ODA, THAGHAR

Provider ID: 206363

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692

Provider English Spoken: Y

Provider Language(s)


Spoken: Amharic, Arabic


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

ORPILLA, IMELDA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


C. دليل الرعاية الأولية



Provider ID: 418535
Provider Gender: Female
License Number: NP95003211
NPI: 1790785988


Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129

 Phone: (844) 200-2426
 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

ORPILLA, IMELDA

Provider ID: 417101
Provider Gender: Female
License Number: NP95003211
NPI: 1790785988


Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

OPERATION SAMAHAN

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126
 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426


 Website: www.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

OWEN, MICHAEL



Provider ID: 206363
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145


Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560
 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

OWEN, MICHAEL



Provider ID: 206362
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145


Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104


 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH
8:30AM-5:30PM
F 8AM-5PM

CERTIFIED NURSE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PRACTITIONER

OWEN, MICHAEL

Provider ID: 206362

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-TH

8:30AM-5:30PM

F 8AM-5PM

CERTIFIED NURSE

PRACTITIONER

PADILLA, MICHELE

Provider ID: 403583

Provider Gender: Female

License Number: NP95020636

NPI: 1356083828

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE

SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)

233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5:30PM

CERTIFIED NURSE

PRACTITIONER

PATEL, KELLY

Provider ID: 402851

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

Provider ID: 206046

Provider Gender: Male

License Number: NP95012511

NPI: 1073169769

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)

279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:30AM-5:30PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

CERTIFIED NURSE PRACTITIONER

PATIAG, DANIEL

Provider ID: 206046

Provider Gender: Male

License Number: NP95012511

NPI: 1073169769

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

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

Provider ID: 482070

Provider Gender: Male

License Number: NP95012511

NPI: 1073169769

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)
810-8700

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

CERTIFIED NURSE PRACTITIONER

PERRY, KATHERINE

Provider ID: 207382

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

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

Provider ID: 233532

Provider Gender: Female

License Number: NP16433

NPI: 1902810377

Provider English Spoken: Y

Provider Language(s)

Spoken: French, Lao,
Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

CERTIFIED NURSE PRACTITIONER


QUINTO, CINDY


Provider ID: 482070

Provider Gender: Female

License Number: NP16433

NPI: 1902810377

 Provider English Spoken: Y

 Provider Language(s)
Spoken: French, Lao,
Spanish

Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO


Board Certified Specialty: No

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

CERTIFIED NURSE PRACTITIONER

REID, EMILY

Provider ID: 185268

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

ROGERS, TANYA

Provider ID: 417987

Provider Gender: Female

License Number: NP95004443


NPI: 1558710038

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

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

SABIN, NANCY

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N



 **Accessibility: CONTACT PROVIDER**

 **Hours: M 8AM-5PM
TU 8AM-8PM
W-F 8AM-5PM
SA 9AM-1PM**

CERTIFIED NURSE PRACTITIONER



SABIN, NANCY

**Provider ID: 206046
Provider Gender: Female
License Number: NP4668
NPI: 1285732586**

 **Provider English Spoken: Y**
 **Provider Language(s)
Spoken: Spanish**
Cultural Competency: N

**Board Certified Specialty: No
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

**Provider ID: 482070
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**


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

SAMPSON, ANDRIECE



**Provider ID: 207382
Provider Gender: Female**

**License Number: NP95026377
NPI: 1619594124**

 **Provider English Spoken: Y
Cultural Competency: N**

**Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP**

 **2630 1ST AVE
SAN DIEGO, CA 92103**

 **Phone: (619) 234-2158**
 **After Hours Phone: (619)
234-2158**

 **Website: WWW.SDAIHC.ORG**

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

 **Hours: M-F 8AM-5PM
Indian Health Services: Y**

CERTIFIED NURSE PRACTITIONER



SANTANGELO, JOANNE

**Provider ID: 482070
Provider Gender: Female
License Number: NP2390
NPI: 1619370475**

 **Provider English Spoken: Y
Cultural Competency: N**

**Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP**

 **7011 LINDA VISTA RD
SAN DIEGO, CA 92111**

 **Phone: (858) 810-8700**
 **After Hours Phone: (858)**

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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


SANTANGELO, JOANNE

Provider ID: 206046
 Provider Gender: Female
 License Number: NP2390
 NPI: 1619370475

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111

 Phone: (858) 279-0925


 After Hours Phone: (858) 279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N


 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM
 TU 8AM-8PM
 W-F 8AM-5PM
 SA 9AM-1PM


CERTIFIED NURSE PRACTITIONER


SANTANGELO, JOANNE

Provider ID: 206046
 Provider Gender: Female
 License Number: NP2390
 NPI: 1619370475

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER



 Hours: M 8AM-5PM
 TU 8AM-8PM
 W-F 8AM-5PM
 SA 9AM-1PM

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE

Provider ID: 206046


Provider Gender: Female
 License Number: NP7022
 NPI: 1225012842


 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N



 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM
 TU 8AM-8PM
 W-F 8AM-5PM
 SA 9AM-1PM

CERTIFIED NURSE PRACTITIONER

SATTERWHITE, MAURINE

Provider ID: 206046
 Provider Gender: Female
 License Number: NP7022
 NPI: 1225012842

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 482070

Provider Gender: Female

License Number: NP7022

NPI: 1225012842

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)
810-8700

Website: www.sdfamilycare.org

Medi-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

Provider ID: 417937

Provider Gender: Female

License Number: NP7374

NPI: 1730567678

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
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

SCOTT, KELLY

Provider ID: 207382

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

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

Provider ID: 206360

Provider Gender: Female

License Number: NP10906

NPI: 1295750339

Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206360
Provider Gender: Female
License Number: RN486421
NPI: 1295750339

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

TAYLOR, KAYLA

Provider ID: 206362
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

TAYLOR, KAYLA

Provider ID: 206362
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

TAYLOR, KAYLA

Provider ID: 417429
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1550 BROADWAY STE 2
SAN DIEGO, CA 92101
Phone: (619) 515-2525
After Hours Phone: (619)
515-2525

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F
8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER

TODD, MIKAYLA

Provider ID: 517998

Provider Gender: Female

License Number: NP95005999

NPI: 1316478092

☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
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

Provider ID: 206360

Provider Gender: Female

License Number: NP95003689

NPI: 1255799276

☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)
515-2300

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

TUEROS, VICTORIA

Provider ID: 206360

Provider Gender: Female

License Number: NP2286

NPI: 1598989261

☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
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

VEGA, TERESA

Provider ID: 206360

Provider Gender: Female

License Number: NP95001705

NPI: 1912304569

☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)
515-2300


🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




N
 Accessibility: CONTACT PROVIDER


CERTIFIED NURSE PRACTITIONER

VILLALOBOS, REBECA

Provider ID: 206360
 Provider Gender: Female
 License Number: NP95015780
 NPI: 1184224396

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



CERTIFIED NURSE PRACTITIONER


WEICKERT, MARIA

Provider ID: 417429
 Provider Gender: Female
 License Number: NP95010814

NPI: 1841758984
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO


 1550 BROADWAY STE 2
 SAN DIEGO, CA 92101

 Phone: (619) 515-2525
 After Hours Phone: (619) 515-2525

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

 Hours: M-F
 8:30AM-5:30PM

CERTIFIED NURSE PRACTITIONER



WILLIAMS, TAKISHA


Provider ID: 402851
 Provider Gender: Female
 License Number: NP95013978
 NPI: 1881727386

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish


Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 3705 MISSION BLVD
 SAN DIEGO, CA 92109

 Phone: (619) 515-2444
 After Hours Phone: (619) 515-2444

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None



American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER



WILLIAMS, TAKISHA


Provider ID: 416831
 Provider Gender: Female
 License Number: NP95013978
 NPI: 1881727386

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish

Cultural Competency: N
 Board Certified Specialty: No
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

CERTIFIED NURSE PRACTITIONER

WILLIAMS, BREAHA

Provider ID: 185268

Provider Gender: Female

License Number: NP95001840

NPI: 1063884864

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)

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

WOLF, CELIA

Provider ID: 417937

Provider Gender: Female

License Number: NP95001899

NPI: 1245635564

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE

BOSTON, LAURA

Provider ID: 206360

Provider Gender: Female

License Number: NM792

NPI: 1174553259

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE

GEPSHTEIN, YANA

Provider ID: 402851

Provider Gender: Female

License Number: NM1662

NPI: 1396956512

Provider English Spoken: Y

Provider Language(s)
Spoken: Hebrew

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)

515-2444

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

CERTIFIED REGISTERED NURSE MIDWIFE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

TOLMIE, SIMONE

Provider ID: 206360

Provider Gender: Female

License Number: NM236263

NPI: 1104572007

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

ASSADIAN, MEHRAK

Provider ID: 451167

Provider Gender: Female

License Number: DC27523

NPI: 1295278281

Provider English Spoken: Y

Provider Language(s)
Spoken: Turkish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

950 S EUCLID AVE
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/king-chavez-health-
center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

CABALLERO, JAMES

Provider ID: 418535

Provider Gender: Male

License Number: DC27726

NPI: 1093991549

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.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

CHIROPRACTOR

CABALLERO, JAMES

Provider ID: 417101

Provider Gender: Male

License Number: DC27726

NPI: 1093991549

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.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

CHIROPRACTOR

GILIBERTO, JOSEPH

Provider ID: 417101


Provider Gender: Male

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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.operationsa
mahan.org](http://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

CHIROPRACTOR


GILIBERTO, JOSEPH

Provider ID: 418535

Provider Gender: Male

License Number: DC15775

NPI: 1821463159

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No
OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: [www.operationsa
mahan.org](http://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

CHIROPRACTOR


HALEY, STEVEN

Provider ID: 185268

Provider Gender: Male

License Number: DC25697

NPI: 1083764484


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619)
280-4213

 Website: [www.lamaestra.or
g](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-5PM

CHIROPRACTOR

HOURIHAN, KEITH

Provider ID: 185268

Provider Gender: Male

License Number: DC29314

NPI: 1306916994


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619)
280-4213

 Website: [www.lamaestra.or
g](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-5PM

CHIROPRACTOR

ILCHENA, ALESANDRA


Provider ID: 185268

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

 Hours: M-F 8AM-5PM

CHIROPRACTOR


KAZEM, AHMAD


Provider ID: 227409

Provider Gender: Male

License Number: DC33300


NPI: 1003296096


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Farsi, Persian


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CHIROPRACTOR


LOVERN, JENNIFER


Provider ID: 418535

Provider Gender: Female

License Number: DC29074


NPI: 1235469396


 Provider English Spoken: Y


 Provider Language(s)
Spoken: French, Italian,
Spanish


Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426


 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

CHIROPRACTOR

OLSEN, MARTIN

Provider ID: 402851

Provider Gender: Male

License Number: DC20729

NPI: 1730247990


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)
515-2444

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

PAGE, BIANCA

Provider ID: 417937

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


License Number: DC33688


NPI: 1649787607


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 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

CHIROPRACTOR

ROJAS, RICHARD

Provider ID: 417937

Provider Gender: Male


License Number: DC31024

NPI: 1538318811

Provider English Spoken: Y
Cultural Competency: N


Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)

515-2545


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

CHIROPRACTOR

SOSA, DAVID

Provider ID: 417937

Provider Gender: Male


License Number: DC33150


NPI: 1013308675

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

CHIROPRACTOR

SOSA, DAVID

Provider ID: 206363

Provider Gender: Male


License Number: DC33150


NPI: 1013308675

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

TAGHIZADEH, MAJID

Provider ID: 417937

Provider Gender: Male







License Number: DC30121

NPI: 1750590600

Provider English Spoken: Y
 Provider Language(s)
Spoken: Farsi, Persian,
Turkish




Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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

CHIROPRACTOR



TRUONG, VENNES

Provider ID: 417101
 Provider Gender: Female
 License Number: DC34907
 NPI: 1053919928
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
OPERATION SAMAHAN
 10737 CAMINO RUIZ STE
 235
 SAN DIEGO, CA 92126
 Phone: (844) 200-2426
 After Hours Phone: (844)
 200-2426
 Website: www.operationsamahan.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

PROVIDER
 Hours: M-F 8AM-4:30PM

CLINIC OUTPATIENT

OPERATION SAMAHAN RANCHO PENASQUITOS,

Provider ID: 418535
 NPI: 1699216622
 Provider English Spoken: Y
 Cultural Competency: N
OPERATION SAMAHAN
 9995 CARMEL MOUNTAIN
 RD STE B10 AND B11
 SAN DIEGO, CA 92129
 Phone: (844) 200-2426
 Fax: (858) 695-9074

 After Hours Phone: (844)
 200-2426
 Website: www.operationsamahan.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-TU
 8:30AM-5:30PM
 W 10AM-7PM
 TH-F 8:30AM-5:30PM

DERMATOLOGY

BURROWS, WILLIAM

Provider ID: 417937
 Provider Gender: Male
 License Number: G16236
 NPI: 1639199292
 Provider English Spoken: Y

Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 GREEN HOSPITAL, SCRIPPS
 MERCY HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 4094 4TH AVE
 SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
 515-2545
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

DERMATOLOGY


CARTER, NATASHA

Provider ID: 206363
 Provider Gender: Female
 License Number: A140912
 NPI: 1033539184
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

AHMAD, AAKIF

Provider ID: 206360
Provider Gender: Male
License Number: 20A12732
NPI: 1720308331
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS GREEN HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300


 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None




American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

ENDOCRINOLOGY METABOLISM DIABETES

CHANG, AMY

Provider ID: 206360
Provider Gender: Female
License Number: A93385
NPI: 1750568911
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
SADDLEBACK MEMORIAL
MED CTR, SCRIPPS GREEN
HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO


 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

ENDOCRINOLOGY METABOLISM DIABETES

HOSEIN, NADEEN


Provider ID: 417937
Provider Gender: Female
License Number: A113255
NPI: 1912051715
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None



American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

ENDOCRINOLOGY METABOLISM DIABETES

ISLAM, JULIE

Provider ID: 206363
Provider Gender: Female
License Number: A149552
NPI: 1750780516
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Bengali, Spanish

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206360
Provider Gender: Male
License Number: A77126
NPI: 1801994231
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL, UCSD
MEDICAL CTR
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300
After Hours Phone: (619)
515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

ENDOCRINOLOGY METABOLISM DIABETES

LORENZO, PATRICIA

Provider ID: 206360
Provider Gender: Female
License Number: A129599
NPI: 1487913315
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER

ENDOCRINOLOGY METABOLISM DIABETES

MCCALLUM, JAMES

Provider ID: 206360
Provider Gender: Male
License Number: A55708
NPI: 1609838994
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS GREEN
HOSPITAL, 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
Hours: M-TU 8:30AM-6PM
TH 8:30AM-6PM
F 8:30AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SA 8:30AM-5PM

ENDOCRINOLOGY

METABOLISM DIABETES

NAGELBERG, JODI

Provider ID: 206360

Provider Gender: Female

License Number: A146838

NPI: 1720474141

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

NPI: 1922105964

Provider English Spoken: Y

Provider Language(s)
Spoken: Greek

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS GREEN

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, 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

Hours: M-F 9AM-5PM

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL

Provider ID: 227409

Provider Gender: Male

License Number: A157505

NPI: 1588197826

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PARADISE VALLEY

HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

ENDOCRINOLOGY

METABOLISM DIABETES

PHILIS-TSIMIKAS, ATHENA

Provider ID: 206360

Provider Gender: Female

License Number: A50477

FAMILY PRACTICE

ABDALLAH, ALI


Provider ID: 206363


Provider Gender: Male

License Number: 20A15471


NPI: 1649699968

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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

BACHARACH, REBECCA

Provider ID: 417937

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


Provider ID: 206362

Provider Gender: Female

License Number: A173486

NPI: 1588141865

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Pashto


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE


BAHRAMZI, MARIA

Provider ID: 206362

Provider Gender: Female

License Number: A173486

NPI: 1588141865

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Pashto


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

BAHRAMZI, MARIA


Provider ID: 417987

Provider Gender: Female

License Number: A173486

NPI: 1588141865

 Provider English Spoken: Y


 Provider Language(s)
Spoken: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

BAIN, NATALIE

Provider ID: 206360

Provider Gender: Female

License Number: A183464

NPI: 1821677584

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)
515-2300

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

BAUTISTA, LUIS

Provider ID: 517403

Provider Gender: Male

License Number: A97270

NPI: 1295712206

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL
MEDICAL CENTER-FRESNO,
ST AGNES MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 316 25TH ST
SAN DIEGO, CA 92102

☎ Phone: (619) 238-5551

🕒 After Hours Phone: (619)
238-5551

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

BISHOP, MELISSA

Provider ID: 403583

Provider Gender: Female

License Number: C137521

NPI: 1578667077

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 1501 IMPERIAL AVE
SAN DIEGO, CA 92101

☎ Phone: (619) 645-6405

🕒 After Hours Phone: (619)
645-6405

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

BODIFORD, SAMANTHA

Provider ID: 214492

Provider Gender: Female

License Number: A165398

NPI: 1730684200

☑ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

TU-TH 8:30AM-8PM
F 8:30AM-5PM

FAMILY PRACTICE

BORTNER, ADAM

Provider ID: 417937

Provider Gender: Male

License Number: A164879

NPI: 1811491749

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

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

Provider ID: 206363

Provider Gender: Male

License Number: A164879

NPI: 1811491749

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

BRADY, PATRICIA

Provider ID: 403583

Provider Gender: Female

License Number: C53121

NPI: 1952390437

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-W 8:30AM-5PM
TH 8:30AM-9PM
F 8:30AM-5PM

FAMILY PRACTICE

BRODSKY, MARK

Provider ID: 402851

Provider Gender: Male

License Number: C53623

NPI: 1346337904

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

3705 MISSION BLVD
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

TH 9AM-6PM
F 8:30AM-5:30PM

FAMILY PRACTICE

BROWN, BRANDON

Provider ID: 206360
Provider Gender: Male
License Number: A148499
NPI: 1013399559
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-7PM
TU-TH 8AM-6PM
F 8AM-5:30PM
SA 8AM-5PM

FAMILY PRACTICE

BURTON, LUCAS

Provider ID: 206362
Provider Gender: Male
License Number: 20A20786

NPI: 1376171520

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

FAMILY PRACTICE

BURTON, LUCAS

Provider ID: 206362
Provider Gender: Male
License Number: 20A20786
NPI: 1376171520

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424
After Hours Phone: (619)
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

FAMILY PRACTICE

CAMPBELL, BRIANNA

Provider ID: 451167
Provider Gender: Female
License Number: A157488
NPI: 1316479892

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: CHULA
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- healt
h- center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

American Sign Language (ASL): NPI: 1730448101

N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

CARRIEDO-CENICEROS, MARIA

Provider ID: 227409

Provider Gender: Female

License Number: A78373

NPI: 1295746618

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

CHOU, BILL

Provider ID: 206362

Provider Gender: Male

License Number: 20A14794

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

FAMILY PRACTICE

CHOU, BILL

Provider ID: 206362

Provider Gender: Male

License Number: 20A14794

NPI: 1730448101

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619) 515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

CHOU, BILL

Provider ID: 417937

Provider Gender: Male

License Number: 20A14794

NPI: 1730448101

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619) 515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

CHUN, HYUN

Provider ID: 206360

Provider Gender: Male


License Number: A163978




NPI: 1083118988


Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

 Provider Language(s)
Spoken: Korean
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER



FAMILY PRACTICE


COLLINS, WILLIAM


Provider ID: 206362
Provider Gender: Male
License Number: 20A15413
NPI: 1417361973

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO


 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

 Hours: SU-SA
8:30AM-5:30PM

FAMILY PRACTICE


COLLINS, WILLIAM

Provider ID: 417937
Provider Gender: Male
License Number: 20A15413
NPI: 1417361973


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON


Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

 Hours: SU-SA 8AM-9PM


FAMILY PRACTICE


COLLINS, WILLIAM

Provider ID: 206362
Provider Gender: Male
License Number: 20A15413
NPI: 1417361973

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON


Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU-SA
8:30AM-5:30PM






FAMILY PRACTICE

CORMAN, DANIEL



Provider ID: 402851




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Provider Gender: Male
 License Number: 20A13060
 NPI: 1629339593
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 3705 MISSION BLVD
 SAN DIEGO, CA 92109
 Phone: (619) 515-2444
 After Hours Phone: (619)
 515-2444
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

FAMILY PRACTICE

DAPPEN, AMANDA
 Provider ID: 227409
 Provider Gender: Female
 License Number: A153414
 NPI: 1689037111
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 Phone: (619) 662-4100
 After Hours Phone: (619)

662-4100
 Website: <https://www.syhealth.org/locations>
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE

DAVIS, DEIRDRE
 Provider ID: 693813
 Provider Gender: Female
 NPI: 1265921365
 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
 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-5PM

FAMILY PRACTICE

DAVIS, DEIRDRE
 Provider ID: 451167
 Provider Gender: Female
 License Number: A165432
 NPI: 1265921365
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 950 S EUCLID AVE
 SAN DIEGO, CA 92114
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/king-chavez-health-center
 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
 Provider ID: 451167
 Provider Gender: Female
 License Number: A153223
 NPI: 1710331707
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 417937
Provider Gender: Male
License Number: A171135
NPI: 1033647409
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO
4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619) 515-2545
Website: www.fhcsd.org
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

Provider ID: 417101
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
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

GLEASON ROHRER, GWEN

Provider ID: 233597
Provider Gender: Female
License Number: A112176
NPI: 1710140462
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
After Hours Phone: (619) 563-0250
Website: www.sdfamilycare.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER







FAMILY PRACTICE


GLEASON ROHRER, GWEN

Provider ID: 233532
Provider Gender: Female
License Number: A112176
NPI: 1710140462

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



C. دليل الرعاية الأولية






 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

Provider ID: 417937
Provider Gender: Male
License Number: C52451
NPI: 1760563068
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Board Certified Specialty: No
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







Provider ID: 417987
Provider Gender: Female
License Number: 20A19345
NPI: 1285196311
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
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

Provider ID: 418142
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

Provider ID: 206363
Provider Gender: Female
License Number: 20A14772
NPI: 1235576059
 Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

HEINRICI, ALEKA

Provider ID: 451167
Provider Gender: Female
License Number: A125329
NPI: 1780979120

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
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

HENDRIX, JEFFERSON

Provider ID: 631494
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

JAINCHILL, AMANDA

Provider ID: 417101

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.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

FAMILY PRACTICE

KAUFHOLD, ANNE

Provider ID: 227409

Provider Gender: Female


License Number: A88893

NPI: 1164508073

Provider English Spoken: Y


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

 *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.syhe](https://www.syhealth.org/locations)*

alth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N




 *Accessibility: CONTACT*
PROVIDER



FAMILY PRACTICE

KAUFMAN, JENNIFER

Provider ID: 417987
Provider Gender: Female
License Number: G149974
NPI: 1407818768
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Mandarin
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO



 4874 POLK AVE
SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*
 *After Hours Phone: (619)*
515-2426
 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER
 *Hours: M-F*
8:30AM-5:30PM

FAMILY PRACTICE



KEFLEZIGHI, BAHGHI

Provider ID: 206363
Provider Gender: Female
License Number: A100391
NPI: 1124210844
 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, RADY CHILDRENS
HOSPITAL SAN DIEGO
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102
 *Phone: (619) 515-2560*
Fax: (619) 263-2499



 *After Hours Phone: (619)*
515-2560

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER


FAMILY PRACTICE

KIDDER, BRENDAN

Provider ID: 227409
Provider Gender: Male
License Number: A112379
NPI: 1275793929

 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
 *Phone: (619) 662-4100*
 *After Hours Phone: (619)*
662-4100

 *Website: [https://www.syhe](https://www.syhealth.org/locations)*
alth.org/locations
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 *Accessibility: CONTACT*
PROVIDER

FAMILY PRACTICE

LACH, REBECCA

Provider ID: 206362

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 417937
 Provider Gender: Female
 License Number: A177922
 NPI: 1679137780
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
 515-2545
 Website: www.fhcsd.org
 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

Provider ID: 206362
 Provider Gender: Female
 License Number: A177922
 NPI: 1679137780
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

3544 30TH ST
 SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
 515-2424

Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

PROVIDER

FAMILY PRACTICE

LEE, SANDRINE

Provider ID: 206362
 Provider Gender: Female
 License Number: 20A15068
 NPI: 1073909651
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: French
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

3544 30TH ST
 SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
 515-2424

Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

FAMILY PRACTICE

LEE, SANDRINE

Provider ID: 206362
 Provider Gender: Female
 License Number: 20A15068
 NPI: 1073909651
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: French

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 403583
Provider Gender: Male
License Number: A104052
NPI: 1124155791
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Board Certified Specialty: No
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

Provider ID: 206363
Provider Gender: Female
License Number: A165872
NPI: 1053816496
Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619)
515-2560

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

LU, JULIE

Provider ID: 418142

Provider Gender: Female
License Number: 20A14804
NPI: 1619210614
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

5160 FEDERAL BLVD
SAN DIEGO, CA 92105
Phone: (619) 515-2454
After Hours Phone: (619)
515-2454
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F
8:30AM-5:30PM

FAMILY PRACTICE

MANDOYAN, AUSTIN

Provider ID: 206360
Provider Gender: Female
License Number: A161682
NPI: 1841726148
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

FAMILY PRACTICE

MARSTON, JACQUELINE

Provider ID: 206046
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858)

279-0925

Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

MARSTON, JACQUELINE

Provider ID: 206046
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858)
279-0925

Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

MARSTON, JACQUELINE

Provider ID: 482070
Provider Gender: Female
License Number: 20A12402
NPI: 1417205055

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
After Hours Phone: (858)
810-8700

Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

MATICH, BRANKO

Provider ID: 482070
Provider Gender: Male
License Number: C174985
NPI: 1023437704

Provider English Spoken: Y
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

FAMILY PRACTICE

MATICH, BRANKO

Provider ID: 206046

Provider Gender: Male

License Number: C174985

NPI: 1023437704

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

FAMILY PRACTICE

MATICH, BRANKO

Provider ID: 206046

Provider Gender: Male

License Number: C174985

NPI: 1023437704

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925
After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

FAMILY PRACTICE

MCLAUGHLIN, ERIK

Provider ID: 207382

Provider Gender: Male

License Number: C176574

NPI: 1861637217

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

2630 1ST AVE
SAN DIEGO, CA 92103

Phone: (619) 234-2158
After Hours Phone: (619)
234-2158

Website: WWW.SDAIHC.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
Indian Health Services: Y

FAMILY PRACTICE

MELGAR, MONICA

Provider ID: 402851

Provider Gender: Female

License Number: A154399

NPI: 1629432174






Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N






Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3705 MISSION BLVD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
 Provider ID: 227409
 Provider Gender: Female
 License Number: A162332
 NPI: 1063945657
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: <https://www.syhealth.org/locations>
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

PROVIDER


FAMILY PRACTICE



NAVARRO, VANESSA MARIA


Provider ID: 631494
 Provider Gender: Female
 License Number: A113624
 NPI: 1952563421
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Filipino, Spanish,
 Tagalog

Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA, SHARP CHULA VISTA
 MED CTR

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 1666 PRECISION PARK LN
 SAN DIEGO, CA 92173

 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N



 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

NGUYEN, NGOC

Provider ID: 517998
 Provider Gender: Male
 License Number: A74094

NPI: 1184668105

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish,
 Vietnamese



Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4690 EL CAJON BLVD
 SAN DIEGO, CA 92115

 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100

 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None



American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

NGUYEN-CLEARY, THAI

Provider ID: 417937
 Provider Gender: Male
 License Number: A86079
 NPI: 1467442624

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation:

HOLLYWOOD PRESBYTERIAN
 MED CTR

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Niazi, Harris

Provider ID: 206360
Provider Gender: Male
License Number: A146111
NPI: 1174905871
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

Norris, Jeffrey

Provider ID: 403583
Provider Gender: Male
License Number: A136275
NPI: 1073870374
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101
Phone: (619) 233-8500
After Hours Phone: (619) 233-8500
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM

FAMILY PRACTICE

Nuqui, Josie

Provider ID: 432308
Provider Gender: Female
License Number: A71544
NPI: 1184773673

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Board Certified Specialty: No
OPERATION SAMAHAN






9855 ERMA RD STE 105
SAN DIEGO, CA 92131
Phone: (844) 200-2426
After Hours Phone: (844) 200-2426
Website: www.operationsamahan.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5PM
SA 8:30AM-5PM

FAMILY PRACTICE

Ortiz, Kenneth

Provider ID: 517403
Provider Gender: Male
License Number: A156607
NPI: 1356761571
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
316 25TH ST

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN DIEGO, CA 92102
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE






PAYAMI, MADDIHA

Provider ID: 417429
 Provider Gender: Female
 License Number: 20A14012
 NPI: 1336484104
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 1550 BROADWAY STE 2
 SAN DIEGO, CA 92101
 Phone: (619) 515-2525
 After Hours Phone: (619) 515-2525
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM

FAMILY PRACTICE



PEREZ, PERLITA

Provider ID: 206363
 Provider Gender: Female
 License Number: A119689
 NPI: 1174810972
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO






 4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

POSADA, SEAN







Provider ID: 206360
 Provider Gender: Male
 License Number: A180171
 NPI: 1295100691
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO





























 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

PROPST, TOBE




Provider ID: 403583
 Provider Gender: Male
 License Number: A82123
 NPI: 1194814277
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1501 IMPERIAL AVE
 SAN DIEGO, CA 92101
 Phone: (619) 233-8500
 After Hours Phone: (619) 233-8500
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

<p>N  <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;">FAMILY PRACTICE</p> <p>RAGUVEER, VISHAKA <i>Provider ID: 418535</i> <i>Provider Gender: Female</i> <i>License Number: A172736</i> <i>NPI: 1740609387</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> OPERATION SAMAHAN</p> <p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129  <i>Phone: (916) 419-7292</i>  <i>After Hours Phone: (916) 419-7292</i>  <i>Website: www.operationsamahan.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM</i></p> <hr/> <p style="text-align: center;">FAMILY PRACTICE</p> <p>RAGUVEER, VISHAKA <i>Provider ID: 618164</i> <i>Provider Gender: Female</i> <i>NPI: 1740609387</i></p>	<p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> COMMUNITY CARE IPA LLC</p> <p> 9995 CARMEL MOUNTAIN RD STE 10-11B SAN DIEGO, CA 92129  <i>Phone: (844) 200-2426</i> <i>Fax: (858) 240-6470</i>  <i>After Hours Phone: (844) 200-2426</i>  <i>Website: N/A</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i></p> <hr/> <p style="text-align: center;">FAMILY PRACTICE</p> <p>RIDGE, NEAL <i>Provider ID: 631494</i> <i>Provider Gender: Male</i> <i>License Number: 20A6920</i> <i>NPI: 1053381004</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CAL-PHP</p> <p> 1666 PRECISION PARK LN SAN DIEGO, CA 92173  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i></p>	<p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;">FAMILY PRACTICE</p> <p>RITTER, STEVEN <i>Provider ID: 451167</i> <i>Provider Gender: Male</i> <i>License Number: 20A7435</i> <i>NPI: 1356556021</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> IHP OF SOUTHERN CAL-PHP</p> <p> 950 S EUCLID AVE SAN DIEGO, CA 92114  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/king-chavez-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;">FAMILY PRACTICE</p> <p>RODRIGUEZ, LOUIE <i>Provider ID: 206360</i> <i>Provider Gender: Male</i> <i>License Number: A176144</i> <i>NPI: 1558823625</i></p> <p> <i>Provider English Spoken: Y</i></p>
---	---	---


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *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

RODRIGUEZ, LOUIE

Provider ID: 417937
Provider Gender: Male
License Number: A176144
NPI: 1558823625

 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE




RODRIGUEZ, SEAN


Provider ID: 227409
Provider Gender: Male
License Number: A120576
NPI: 1780909903

 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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


ROSADO, IVAN

Provider ID: 517403
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

Provider ID: 631494
Provider Gender: Male
License Number: A169694
NPI: 1922532712

 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1666 PRECISION PARK LN
SAN DIEGO, CA 92173

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

☎ Phone: (619) 662-4100
 📞 After Hours Phone: (619) 662-4100
 🌐 Website: www.syhealth.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 ♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

SCHUMAKER, EDWARD

Provider ID: 185268
 Provider Gender: Male
 License Number: 20A6433
 NPI: 1184616872
 ☐ Provider English Spoken: Y
 ☐ Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 📍 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 ☎ Phone: (619) 255-9155
 Fax: (619) 284-4731
 📞 After Hours Phone: (619) 255-9155
 🌐 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 ♿ Accessibility: CONTACT PROVIDER
 🕒 Hours: M-F 8AM-6PM

SA 8AM-2PM

FAMILY PRACTICE

SCOTT, RYLEE

Provider ID: 402851
 Provider Gender: Male
 License Number: A162946
 NPI: 1457887911
 ☐ Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 📍 3705 MISSION BLVD
 SAN DIEGO, CA 92109
 ☎ Phone: (619) 515-2444
 📞 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

FAMILY PRACTICE

SHEIKH, ZARA

Provider ID: 233597
 Provider Gender: Female
 License Number: A163512
 NPI: 1952808727
 ☐ Provider English Spoken: Y
 ☐ Provider Language(s) Spoken: Urdu
 Cultural Competency: N
 Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 4290 POLK AVE
 SAN DIEGO, CA 92105
 ☎ Phone: (619) 563-0250
 📞 After Hours Phone: (619) 563-0250
 🌐 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 ♿ Accessibility: CONTACT PROVIDER
 🕒 Hours: M-F 8AM-5PM
 SA 8AM-2PM

FAMILY PRACTICE

SHEIKH, ZARA

Provider ID: 233532
 Provider Gender: Female
 License Number: A163512
 NPI: 1952808727
 ☐ Provider English Spoken: Y
 ☐ Provider Language(s) Spoken: Urdu
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 📍 4305 UNIVERSITY AVE STE 150
 SAN DIEGO, CA 92105
 ☎ Phone: (619) 280-2058
 📞 After Hours Phone: (619) 280-2058
 🌐 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


C. دليل الرعاية الأولية

Min/Max Age: 0\22

American Sign Language (ASL): License Number: 20A12796

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

FAMILY PRACTICE

SHIRAKI, JEAN

Provider ID: 417987

Provider Gender: Female

License Number: 20A17577

NPI: 1144684382

Provider English Spoken: Y

Provider Language(s)


Spoken: Japanese


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4874 POLK AVE
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)
515-2426


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

SHUMILAK, KAILI

Provider ID: 418142

Provider Gender: Female

License Number: 20A12796

NPI: 1831489855

Provider English Spoken: Y

Provider Language(s)


Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 5160 FEDERAL BLVD
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

 After Hours Phone: (619)
515-2454

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

SMOOT, CHARLES

Provider ID: 356145

Provider Gender: Male

License Number: A97036

NPI: 1245490358

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

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

FAMILY PRACTICE

SMOOT, CHARLES

Provider ID: 206360

Provider Gender: Male

License Number: A97036

NPI: 1245490358

Provider English Spoken: Y

Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY PRACTICE


SNYDER, CHRISTOPHER

Provider ID: 517998

Provider Gender: Male

License Number: 20A7502

NPI: 1922041235

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIH

Hospital - Downey, JOHN F

KENNEDY MEMORIAL HOSP,

CEDARS SINAI MEDICAL

CENTER, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,


EISENHOWER MEDICAL CTR,


GROSSMONT HOSPITAL

Board Certified Specialty: No

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

Provider ID: 403583

Provider Gender: Female

License Number: A157547

NPI: 1013441203

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

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


Provider ID: 214492

Provider Gender: Female

License Number: A112781

NPI: 1124288873

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1016 OUTER RD

SAN DIEGO, CA 92154

 Phone: (619) 429-3733

 After Hours Phone: (619)
429-3733

 Website: www.ibclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

SWARTZ, JOHN

Provider ID: 403583

Provider Gender: Male

License Number: G72486

NPI: 1396754131

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, LOS ANGELES







COUNTY HARBOR UCLA

MEDICAL CENTER

Board Certified Specialty: No



IHP OF SOUTHERN CAL-PHP



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 1501 IMPERIAL AVE
 SAN DIEGO, CA 92101
 Phone: (619) 233-8500
 After Hours Phone: (619)
 233-8500
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

FAMILY PRACTICE

THAI, JUSTIN



Provider ID: 206360
 Provider Gender: Male
 License Number: A177462
 NPI: 1093276198
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO







 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

PROVIDER

FAMILY PRACTICE


THAI, JUSTIN

Provider ID: 417937
 Provider Gender: Male
 License Number: A177462
 NPI: 1093276198
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO






 4094 4TH AVE
 SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 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

THOMAS, ZACHARY


Provider ID: 417987
 Provider Gender: Male
 License Number: A145023
 NPI: 1326453119
 Provider English Spoken: Y

Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO


 4874 POLK AVE
 SAN DIEGO, CA 92105
 Phone: (619) 515-2426
 After Hours Phone: (619)
 515-2426
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER


FAMILY PRACTICE

TRAN, UYEN-THAO

Provider ID: 206360
 Provider Gender: Female
 License Number: A76709
 NPI: 1891720355
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish,
 Vietnamese
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SCRIPPS
 MERCY HOSPITAL CHULA
 VISTA
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal للمعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Phone: (619) 515-2300

 Fax: (619) 795-2756

 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

TRAN, TONNIA

Provider ID: 233597

Provider Gender: Female

License Number: 20A7662

NPI: 1982746657

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619) 563-0250

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

TRUONG, NHA

Provider ID: 417937

Provider Gender: Female

License Number: 20A17836

NPI: 1760975833

Provider English Spoken: Y


Provider Language(s)

Spoken: Vietnamese


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

TSUCHIYA, KIMIKO

Provider ID: 417782

Provider Gender: Female

License Number: 20A19610


NPI: 1629637285

Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 1250 6TH AVE STE 100

SAN DIEGO, CA 92101

 Phone: (619) 515-2430

 After Hours Phone: (619) 515-2430

 Website: www.fhcsd.org


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

Provider ID: 206363

Provider Gender: Female

License Number: A161373

NPI: 1346776358

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PROVIDER

FAMILY PRACTICE

VILLA, MARIA

Provider ID: 107710

Provider Gender: Female

NPI: 1861541385

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

655 SATURN BLVD STE J
SAN DIEGO, CA 92154

Phone: (619) 575-4442

Fax: (619) 575-1297

After Hours Phone: (619)
575-4442

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

FAMILY PRACTICE

WANG, REGINA

Provider ID: 403583

Provider Gender: Female

License Number: A109828

NPI: 1154554871

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: LONG

BEACH MEMORIAL MED CTR,
UCSD MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM

FAMILY PRACTICE

WHITE, KATHERINE

Provider ID: 227409

Provider Gender: Female

License Number: A120447

NPI: 1801112925

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

WU, JENNIFER

Provider ID: 403583

Provider Gender: Female

License Number: A54702

NPI: 1215953013

Provider English Spoken: Y

Provider Language(s)
Spoken: Mandarin, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)
233-8500

Website: N/A



Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5PM


FAMILY PRACTICE

ZAHLER, MARVIN

Provider ID: 417937
 Provider Gender: Male
 License Number: 20A11612
 NPI: 1134380710
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO


 4094 4TH AVE
 SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619) 515-2545


 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



FAMILY PRACTICE

ZINK, IRENE

Provider ID: 227409
 Provider Gender: Female
 License Number: C54198
 NPI: 1215959549
 Provider English Spoken: Y

 Provider Language(s) Spoken: German
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: <https://www.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


DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC,
 Provider ID: 206363
 NPI: 1982747671
 Provider English Spoken: Y
 Cultural Competency: N
 FAMILY HEALTH CENTERS OF SAN DIEGO

 4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 Fax: (619) 263-2499
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

FQHC


DOWNTOWN FAMILY CTR AT CONNECTIONS,
 Provider ID: 417782
 NPI: 1588901045
 Provider English Spoken: Y
 Cultural Competency: N
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1250 6TH AVE STE 100
 SAN DIEGO, CA 92101
 Phone: (619) 515-2430
 Fax: (619) 578-2410
 After Hours Phone: (619) 515-2430

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FQHC

FAMILY HEALTH CTR IBARRA,
 Provider ID: 417987
 NPI: 1477953933
 Provider English Spoken: Y
 Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 515-2426
Fax: (619) 255-8002

After Hours Phone: (619) 515-2426

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FQHC

FAMILY HEALTH CTR OF SD-ELM ST,

Provider ID: 419167
NPI: 1316419070

Provider English Spoken: Y
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST
SAN DIEGO, CA 92101
Phone: (619) 515-2520
Fax: (619) 231-0431

After Hours Phone: (619) 515-2520

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM

FQHC

FAMILY HEALTH CTR SAN DIEGO-OAK PARK,

Provider ID: 664747
NPI: 1336525906

Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF SAN DIEGO

2114 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2406

After Hours Phone: (619) 515-2406

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8:30AM-5:30PM

FQHC

FAMILY HEALTH CTR SAN DIEGO-OAK PARK,

Provider ID: 418142
NPI: 1336525906

Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF

SAN DIEGO

5160 FEDERAL BLVD
SAN DIEGO, CA 92105
Phone: (619) 515-2454
Fax: (619) 794-2696

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

FQHC

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,

Provider ID: 419529
NPI: 1235521782

Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF SAN DIEGO

2325 COMMERCIAL ST STE 1400
SAN DIEGO, CA 92113



Phone: (619) 515-2422
Fax: (619) 269-0053

After Hours Phone: (619) 515-2422

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*


FQHC

FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,

Provider ID: 417429
NPI: 1356750376


 *Provider English Spoken: Y*
Cultural Competency: N
FAMILY HEALTH CENTERS OF SAN DIEGO

 1550 BROADWAY STE 2
 SAN DIEGO, CA 92101
 *Phone: (619) 515-2525*
Fax: (619) 501-5814
 *After Hours Phone: (619) 515-2525*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5:30PM*

FQHC


FAMILY HLTH CTR SAN DIEGO-BEACH AREA,


Provider ID: 402851
NPI: 1386689701


 *Provider English Spoken: Y*
Cultural Competency: N
FAMILY HEALTH CENTERS OF

SAN DIEGO

 3705 MISSION BLVD
 SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*
Fax: (858) 488-1394


 *After Hours Phone: (619) 515-2444*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*

 *Hours: M-W 8:30AM-5:30PM*
TH 9AM-6PM
F 8:30AM-5:30PM


FQHC

FAMILY HLTH CTR SD HILLCREST,


Provider ID: 417937
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*
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: 451167
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*


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: 185268
NPI: 1336353721

 *Provider English Spoken: Y*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: N
LA MAESTRA FAMILY CLINIC
 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 Phone: (619) 280-4213
 Fax: (619) 795-9849

After Hours Phone: (619) 280-4213
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

FQHC

LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046
 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
 Medi-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

LINDA VISTA HEALTH CARE CTR,

Provider ID: 206046
 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
 Medi-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

LOGAN HEIGHTS FAMILY HEALTH CENTER,

Provider ID: 206360
 NPI: 1447281936
 Provider English Spoken: Y
 Cultural Competency: N
 FAMILY HEALTH CENTERS OF

SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 Fax: (619) 234-2447

After Hours Phone: (619) 515-2300

Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FQHC

LOGAN HEIGHTS FAMILY HEALTH CENTER,

Provider ID: 624977
 NPI: 1447281936
 Provider English Spoken: Y
 Cultural Competency: N
 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
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F 8:30AM-5PM

FQHC

MID-CITY COMMUNITY CLINIC,

Provider ID: 233597

NPI: 1962483040

☐ Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 4290 POLK AVE
SAN DIEGO, CA 92105

☎ Phone: (619) 563-0250
Fax: (858) 633-4681

🕒 After Hours Phone: (619)
563-0250

🌐 Website: www.sdfamilycare.org

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

MID-CITY COMMUNITY CLINIC,

Provider ID: 233532

NPI: 1962483040

☐ Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105

☎ Phone: (619) 280-2058
Fax: (858) 633-4682

🕒 After Hours Phone: (619)
280-2058

🌐 Website: www.sdfamilycare.org

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

FQHC

NESTOR COMMUNITY HEALTH CENTER,

Provider ID: 214492

NPI: 1215246996

☐ Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

📍 1016 OUTER RD
SAN DIEGO, CA 92154

☎ Phone: (619) 429-3733
Fax: (619) 628-5550

🕒 After Hours Phone: (619)
429-3733

🌐 Website: www.ibclinic.org

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

FQHC

NORTH PARK FAMILY HEALTH CENTERS,

Provider ID: 206362

NPI: 1184169963

☐ Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 3544 30TH ST
SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424
Fax: (619) 501-0627

🕒 After Hours Phone: (619)
515-2424

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

FQHC

NORTH PARK FAMILY HEALTH CENTERS,

Provider ID: 416831

NPI: 1700821303

☐ Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 3514 30TH ST
SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Fax: (619) 683-7586

☎ 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

FQHC

NORTH PARK FAMILY HEALTH CENTERS,

Provider ID: 206362

NPI: 1700821303

☑ Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 3544 30TH ST
SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

Fax: (619) 501-0627

☎ After Hours Phone: (619) 515-2424

🌐 Website: www.fhcsd.org

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: 432308

NPI: 1861933897

☑ Provider English Spoken: Y
Cultural Competency: N

OPERATION SAMAHAN

📍 9855 ERMA RD STE 105
SAN DIEGO, CA 92131

☎ Phone: (844) 200-2426

Fax: (858) 536-8034

☎ After Hours Phone: (844) 200-2426

🌐 Website: www.operationsamahan.org

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: 417101

NPI: 1871680397

☑ Provider English Spoken: Y
Cultural Competency: N

OPERATION SAMAHAN

📍 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

☎ Phone: (844) 200-2426

Fax: (858) 578-4417

☎ After Hours Phone: (844) 200-2426

🌐 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-4:30PM

FQHC

OPERATION SAMAHAN

RANCHO PENASQUITOS,

Provider ID: 418535

NPI: 1699216622

☑ Provider English Spoken: Y
Cultural Competency: N

OPERATION SAMAHAN

📍 9995 CARMEL MOUNTAIN
RD STE B10 AND B11

SAN DIEGO, CA 92129

☎ Phone: (844) 200-2426

Fax: (858) 695-9074

☎ After Hours Phone: (844) 200-2426

🌐 Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

FQHC

SAN DIEGO AMERICAN

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

INDIAN HEALTH CENTER,

Provider ID: 207382


NPI: 1003902917

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE

SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619)
234-2158


 Website: WWW.SDAIHC.ORG

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

Indian Health Services: Y

FQHC

SAN DIEGO FAMILY CARE,

Provider ID: 482070


NPI: 1457724858

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9AM-4PM

FQHC


SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,

Provider ID: 517403


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) 238-3807

 After Hours Phone: (619)
238-5551


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH CHC - OCEAN VIEW,

Provider ID: 227409


NPI: 1326225632

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD

SAN DIEGO, CA 92113

 Phone: (619) 662-4100

Fax: (619) 595-0258

 After Hours Phone: (619)
662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,

Provider ID: 517998


NPI: 1205477841

 Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 4690 EL CAJON BLVD

SAN DIEGO, CA 92115

 Phone: (619) 662-4100

Fax: (619) 824-9076

 After Hours Phone: (619)
662-4100

 Website: N/A

Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Min/Max Age: 0\None

American Sign Language (ASL): SAN DIEGO

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

FQHC

SAN YSIDRO HEALTH PRECISION PARK,

Provider ID: 631494

NPI: 1124782685

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN
SAN DIEGO, CA 92173

Phone: (619) 662-4100

Fax: (619) 600-4870

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
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: 356145

NPI: 1174549232

Provider English Spoken: Y
Cultural Competency: N

FAMILY HEALTH CENTERS OF

SAN DIEGO

2391 ISLAND AVE

SAN DIEGO, CA 92102

Phone: (619) 515-2435

Fax: (619) 515-2435

After Hours Phone: (619)
515-2435

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

FQHC

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER,

Provider ID: 403583

NPI: 1659415131

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101

Phone: (619) 233-8500

Fax: (619) 687-1067

After Hours Phone: (619)
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5:30PM

GASTROENTEROLOGY

GADDIPATI, KISHORE

Provider ID: 417937

Provider Gender: Male

License Number: A111638

NPI: 1720114093

Provider English Spoken: Y

Provider Language(s)
Spoken: Faroese, Hindi,
Spanish, Telugu, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

GASTROENTEROLOGY

HAI, FAIZI


Provider ID: 417937

Provider Gender: Male

License Number: A159324

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

NPI: 1639523228


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

GASTROENTEROLOGY


OLIVER, DEANNA

Provider ID: 417101

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](http://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


STIPHO, SALLY

Provider ID: 417937

Provider Gender: Female

License Number: A104647

NPI: 1467642215

 Provider English Spoken: Y

 Provider Language(s)
Spoken: French


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, KINDRED

HOSPITAL SAN DIEGO,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

GENERAL PRACTICE

BELLO, OSAGIE

Provider ID: 417101

Provider Gender: Male

License Number: A115182

NPI: 1164726378

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PIONEERS
MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

PARADISE VALLEY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL, SCRIPPS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

GREEN HOSPITAL
Board Certified Specialty: No
OPERATION SAMAHAN

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.operationsamahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-4:30PM

GENERAL PRACTICE

DOAN STEPHENS, CRYSTAL

Provider ID: 233532

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)
280-2058

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

GENERAL PRACTICE

RECALDE, FRANCISCO

Provider ID: 13850

Provider Gender: Male

NPI: 1538309067

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

3811 EL CAJON BLVD
SAN DIEGO, CA 92105

Phone: (619) 284-5622

Fax: (619) 566-4655

After Hours Phone: (619)
507-3050

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

GENERAL PRACTICE

RECALDE, FRANCISCO

Provider ID: 13850

Provider Gender: Male

NPI: 1538309067

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

3811 EL CAJON BLVD
SAN DIEGO, CA 92105

Phone: (619) 284-5622

Fax: (619) 566-4655

After Hours Phone: (619)
507-3050

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

HEPATOLOGY

GISH, ROBERT

Provider ID: 185268

Provider Gender: Male

License Number: G45632

NPI: 1548281322

Provider English Spoken: Y

Provider Language(s)
Spoken: Dutch, French,
Spanish, Vietnamese

Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)
255-9155

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

ALASSIL, SALLY

Provider ID: 206360

Provider Gender: Female

License Number: A122238

NPI: 1982044483

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

ALASSIL, SALLY

Provider ID: 419529

Provider Gender: Female

License Number: A122238

NPI: 1982044483

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

2325 COMMERCIAL ST STE
1400

SAN DIEGO, CA 92113

Phone: (619) 515-2422

After Hours Phone: (619)
515-2422

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

ALDOUS, JEANNETTE

Provider ID: 451167

Provider Gender: Female

License Number: A101017

NPI: 1073650339

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

ANDREWS, JOHN

Provider ID: 403583

Provider Gender: Male

License Number: G71080

NPI: 1003164302

Provider English Spoken: Y






Provider Language(s)
Spoken: Spanish

Cultural Competency: N



Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
 Provider ID: 206362
 Provider Gender: Female
 License Number: 20A19248
 NPI: 1124521901
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 3544 30TH ST
 SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

BENITEZ, MARTHA
 Provider ID: 206362
 Provider Gender: Female
 License Number: 20A19248
 NPI: 1124521901
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 3544 30TH ST
 SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

BRIONES-COLMAN, FELICIA
 Provider ID: 417937
 Provider Gender: Female
 License Number: A80153
 NPI: 1962517367
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N

Board Certified Specialty: No
 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

CHAN, ANDY
 Provider ID: 417937
 Provider Gender: Male
 License Number: 20A20352
 NPI: 1104480912
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Min/Max Age: 0\None


F 8AM-5PM

NPI: 1841357118

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

CHANDRADAS, SAJIV

Provider ID: 417937

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


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

INTERNAL MEDICINE

CHEN, JAMES

Provider ID: 417937

Provider Gender: Male

License Number: A86644

NPI: 1265495691

Provider English Spoken: Y

Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF

SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

CSAPOCZI, PETER

Provider ID: 451167

Provider Gender: Male

License Number: A96919

Provider English Spoken: Y

Provider Language(s)

Spoken: Hungarian,

Spanish, Ukrainian


Cultural Competency: N


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE

SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/king-chavez-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-4PM

INTERNAL MEDICINE

CUMMINS, ANDREW

Provider ID: 417937

Provider Gender: Male

License Number: A102764

NPI: 1699917096

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

DAHMS, ERIC

Provider ID: 417937
Provider Gender: Male
License Number: G80316
NPI: 1306808464

Provider English Spoken: Y
Provider Language(s)
Spoken: German

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

DIET, KEVIN

Provider ID: 417937
Provider Gender: Male
License Number: 20A17657
NPI: 1083117865

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-9PM
F 8AM-5PM

INTERNAL MEDICINE

DODGE, JOHN

Provider ID: 417937
Provider Gender: Male
License Number: G67831
NPI: 1770510489

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

DOMINGUEZ, FERNANDO

Provider ID: 417937
Provider Gender: Male
License Number: A154708
NPI: 1972917672

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

INTERNAL MEDICINE

FABELLA, GABRIEL

Provider ID: 9774
 Provider Gender: Male
 NPI: 1124060827

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Japanese, Spanish,
 Tagalog
 Cultural Competency: N
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC

10737 CAMINO RUIZ STE 115
 SAN DIEGO, CA 92126
 Phone: (858) 695-1262
 Fax: (858) 695-2132

After Hours Phone: (858)
 695-1262
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER
 Hours: M-F 9AM-3PM

INTERNAL MEDICINE

FRENETTE, CATHERINE

Provider ID: 417937
 Provider Gender: Female
 License Number: A80461
 NPI: 1417935081

Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 GREEN HOSPITAL, SCRIPPS
 MEMORIAL HOSPITAL,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA, CALIFORNIA
 PACIFIC MED CTR
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

4094 4TH AVE
 SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
 515-2545

Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-TH 8AM-9PM
 F 8AM-5PM

INTERNAL MEDICINE

GEHR, MARC

Provider ID: 417937
 Provider Gender: Male
 License Number: G67338
 NPI: 1306800180

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

4094 4TH AVE
 SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
 515-2545

Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

INTERNAL MEDICINE

GERWER, JOHANNA

Provider ID: 206360

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

GUTIERREZ, ANGELICA

Provider ID: 233597

Provider Gender: Female

License Number: A175116

NPI: 1982180329

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4290 POLK AVE
SAN DIEGO, CA 92105

Phone: (619) 563-0250

After Hours Phone: (619)
563-0250

Website: www.sdfamilycare

.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-2PM

INTERNAL MEDICINE

HAN, PAUL

Provider ID: 417937

Provider Gender: Male

License Number: A116816

NPI: 1053553339

Provider English Spoken: Y

Provider Language(s)
Spoken: Korean

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

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

Provider ID: 417782

Provider Gender: Male

License Number: 20A7147

NPI: 1831106103

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1250 6TH AVE STE 100
SAN DIEGO, CA 92101

Phone: (619) 515-2430
 After Hours Phone: (619)
515-2430

Website: www.fhcsd.org
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

Provider ID: 417937

Provider Gender: Male

License Number: A140324

NPI: 1447678834

Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 417937

Provider Gender: Female

License Number: A74420

NPI: 1114955879

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

JACKSON, GAVIN

Provider ID: 417937

Provider Gender: Male

License Number: A110647

NPI: 1609033182

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
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

Provider ID: 417937

Provider Gender: Female

License Number: A95356

NPI: 1285830505

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

Fax: (619) 501-9645

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
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

KARCHES, KELLI

Provider ID: 417937

Provider Gender: Female


License Number: A80931



NPI: 1891997631

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *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*
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

Provider ID: 185268
Provider Gender: Female
License Number: A70714
NPI: 1598862583

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL
Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105

 *Phone: (619) 280-4213*
 *After Hours Phone: (619)*
280-4213

 *Website: www.lamaestra.or*
g

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):
 N

 *Accessibility: CONTACT*
PROVIDER



INTERNAL MEDICINE

KRIJGER, LISA

Provider ID: 403583
Provider Gender: Female
License Number: A67762
NPI: 1932278710

 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
 SAN DIEGO, CA 92101

 *Phone: (619) 233-8500*
 *After Hours Phone: (619)*
233-8500


 *Website: N/A*

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

Provider ID: 206362

Provider Gender: Female



License Number: A140646


NPI: 1265874010

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: Hemet
Global Medical Center, Menifee
Global Medical Center

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
 SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*
 *After Hours Phone: (619)*
515-2424

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 *Accessibility: CONTACT*
PROVIDER

INTERNAL MEDICINE

LALITHAKUMARI, ARYA

Provider ID: 206362

Provider Gender: Female

License Number: A140646

NPI: 1265874010

 *Provider English Spoken: Y*
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

LAMANTIA, MICHELE

Provider ID: 451167

Provider Gender: Female

License Number: G71855

NPI: 1124176102

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
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

NARANJO, RODRIGO

Provider ID: 206046

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

NARANJO, RODRIGO

Provider ID: 482070

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)
810-8700

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

NARANJO, RODRIGO

Provider ID: 206046

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

INTERNAL MEDICINE

NARAYANAN, MEENA

Provider ID: 206363

Provider Gender: Female

License Number: A113448

NPI: 1508170697

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619) 515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

PARIKH, MILIND

Provider ID: 206363

Provider Gender: Male

License Number: 20A13745

NPI: 1194161406

Provider English Spoken: Y

Provider Language(s) Spoken: Gujarati, Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp

Grossmont Hospital, Adventist

Health and Rideout

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619) 515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

RAMERS, CHRISTIAN

Provider ID: 417937

Provider Gender: Male

License Number: A119631

NPI: 1730381385

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619) 515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

RESNIKOFF, PAMELA

Provider ID: 417937

Provider Gender: Female

License Number: G80358

NPI: 1841252533

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206363

Provider Gender: Female

License Number: A126958

NPI: 1336346972

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)

515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

ROUEL, WADI

Provider ID: 185268

Provider Gender: Male

License Number: C55979

NPI: 1740254713

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Assyrian,
Spanish, Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)
255-9155

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM
SA 8AM-2PM

INTERNAL MEDICINE

SASSIC, JESSICA

Provider ID: 417937

Provider Gender: Female

License Number: A185024

NPI: 1598342529

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

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

SHAMSINEJAD BABAKI,

ARASH

Provider ID: 631494

Provider Gender: Male

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

SHI, RUJING

Provider ID: 417937
 Provider Gender: Female
 License Number: 20A19399
 NPI: 1710446539
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL
 Board Certified Specialty: No
 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

Provider ID: 417937
 Provider Gender: Female
 License Number: A70175
 NPI: 1427010594
 Provider English Spoken: Y
 Provider Language(s) Spoken: Dutch
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 4094 4TH AVE
 SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)

515-2545
 Website: www.fhcsd.org
 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

Provider ID: 206360
 Provider Gender: Female
 License Number: C55724
 NPI: 1689010324
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


VALDEZ, KRYSTAL ANGELI


Provider ID: 417101

Provider Gender: Female

License Number: A156854

NPI: 1629480272

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,


PARADISE VALLEY HOSPITAL


Board Certified Specialty: No


OPERATION SAMAHAN

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org


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


VIDAURAZAGA, MONICA

Provider ID: 417937

Provider Gender: Female

License Number: A169207

NPI: 1346628310


 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE


WASTILA, LISA

Provider ID: 403583

Provider Gender: Female

License Number: A60801

NPI: 1043375231

 Provider English Spoken: Y

 Provider Language(s)
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)
233-8500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

WATTANAMANO, PORNTHEP


Provider ID: 206046

Provider Gender: Male

License Number: C186338

NPI: 1295738516

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Thai


Cultural Competency: N


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

🕒 Hours: M-F
8:30AM-5:30PM

INTERNAL MEDICINE

WATTANAMANO, PORNTHEP

Provider ID: 206046

Provider Gender: Male

License Number: C186338

NPI: 1295738516

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Thai

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

🕒 After Hours Phone: (858)
279-0925

🌐 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F
8:30AM-5:30PM

INTERNAL MEDICINE

WATTS, ELI

Provider ID: 451167

Provider Gender: Male

License Number: A79383

NPI: 1649373739

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 950 S EUCLID AVE
SAN DIEGO, CA 92114

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)
662-4100

🌐 Website: www.syhealth.org/clinics/king-chavez-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

YUNG, STEVEN

Provider ID: 417937

Provider Gender: Male

License Number: G80798

NPI: 1689636656

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF

SAN DIEGO

📍 4094 4TH AVE
SAN DIEGO, CA 92103

☎ Phone: (619) 515-2545

🕒 After Hours Phone: (619)
515-2545

🌐 Website: www.fhcsd.org
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

Provider ID: 206363

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
Medi-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: 179639
NPI: 1508968751
Provider English Spoken: Y
Cultural Competency: N
UCSD MEDICAL GROUP
4168 FRONT ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A

Medi-Cal Open Panel: Yes
Min/Max Age: 25\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM

MULTI SPECIALTY MEDICAL CLINIC

UCSD MEDICAL GROUP,
Provider ID: 179619
NPI: 1578672184
Provider English Spoken: Y
Cultural Competency: N
UCSD MEDICAL GROUP
330 LEWIS ST STE 400
SAN DIEGO, CA 92103
Phone: (619) 471-9260
Fax: (619) 471-9310
After Hours Phone: (619) 471-9260
Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\25
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

NEUROLOGY

CANTU-REYNA, GUILLERMO
Provider ID: 185268
Provider Gender: Male
License Number: A41375
NPI: 1447389101
Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC
4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 255-9155
After Hours Phone: (619) 255-9155
Website: www.lamaestra.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
Provider ID: 417937
Provider Gender: Female
License Number: 20A19975
NPI: 1235665662
Provider English Spoken: Y
Provider Language(s)
Spoken: Gujarati, Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-9PM
F 8AM-5PM

NEUROLOGY

MARTIN, FREDERIC

Provider ID: 417937

Provider Gender: Male

License Number: G61965

NPI: 1265582605

Provider English Spoken: Y

Provider Language(s)
Spoken: French

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SELECT SPECIALTY HOSPITAL

SAN DIEGO, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Accessibility: CONTACT
PROVIDER

NEUROLOGY

TAFRESHI, GILDA

Provider ID: 417937

Provider Gender: Female

License Number: A103111

NPI: 1891946950

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS GREEN HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

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

Provider ID: 185268

Provider Gender: Female

License Number: A172929

NPI: 1679008569

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, Sharp Grossmont

Hospital, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

Phone: (619) 280-4213


After Hours Phone: (619)

280-4213

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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



OBSTETRICS / GYNECOLOGY

BLAKE, GARY
 Provider ID: 206046
 Provider Gender: Male
 License Number: G44807
 NPI: 1497738439
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858) 279-0925
 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M 8:30AM-5:30PM
 TU 8:30AM-9PM
 W-F 8:30AM-5:30PM
 SA 9AM-4PM

OBSTETRICS / GYNECOLOGY



BLAKE, GARY
 Provider ID: 206046
 Provider Gender: Male
 License Number: G44807
 NPI: 1497738439
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858) 279-0925
 Website: www.sdfamilycare.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M 8:30AM-5:30PM
 TU 8:30AM-9PM
 W-F 8:30AM-5:30PM
 SA 9AM-4PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
 Provider ID: 402851
 Provider Gender: Female
 License Number: A68463
 NPI: 1376663831
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL,

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
 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE
 Provider ID: 206362
 Provider Gender: Female
 License Number: A68463
 NPI: 1376663831
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 416831

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3514 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424
After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 206362

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

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

Provider ID: 206363

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No




FAMILY HEALTH CENTERS OF


SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



C. دليل الرعاية الأولية

 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

BUECHNER, CHARLENE

Provider ID: 206360
Provider Gender: Female
License Number: A68463
NPI: 1376663831
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO



 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org




Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 206360
Provider Gender: Male
License Number: A113001
NPI: 1225231582
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
Board Certified Specialty: No
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

CARTER, KHALIL

Provider ID: 206363
Provider Gender: Male
License Number: A113001
NPI: 1225231582
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

CARTER, KHALIL

Provider ID: 206362

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH
8:30AM-5:30PM
F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 416831

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3514 30TH ST
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 206362

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR

Board Certified Specialty: No
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

CARTER, KHALIL

Provider ID: 402851

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

CHAKRABARTI, PRIYA

Provider ID: 402851

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

3705 MISSION BLVD
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)
515-2444

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-W
8:30AM-5:30PM

TH 9AM-6PM

F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 416831

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

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

CHAKRABARTI, PRIYA

Provider ID: 206363

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 206360

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

License Number: A163464
NPI: 1326531401
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

CHOI, KENNY
 Provider ID: 206360
 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
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
 Provider ID: 206363
 Provider Gender: Male
 License Number: A108228
 NPI: 1629277322
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619) 515-2560
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PROVIDER

OBSTETRICS / GYNECOLOGY


DE MIK, TRAVIS
 Provider ID: 206360
 Provider Gender: Male
 License Number: A108228
 NPI: 1629277322
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO


1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS
 Provider ID: 402851
 Provider Gender: Male
 License Number: A108228
 NPI: 1629277322
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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

DE MIK, TRAVIS

Provider ID: 416831

Provider Gender: Male


License Number: A108228


NPI: 1629277322


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3514 30TH ST
SAN DIEGO, CA 92104


 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 402851

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)
515-2444

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 206363

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 416831

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206360
Provider Gender: Female
License Number: A178499
NPI: 1033613732

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

GRANT, REBEKAH

Provider ID: 206360
Provider Gender: Female
License Number: C159737
NPI: 1326243833

Provider English Spoken: Y
Provider Language(s) Spoken: French, Portuguese, Spanish

Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL, RIVERSIDE COMMUNITY HOSP, HOAG HOSPITAL IRVINE

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300

Website: www.fhcsd.org
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

HANLEY, LAUREN

Provider ID: 206360
Provider Gender: Female
License Number: C174771
NPI: 1053392035

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital
Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619) 515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 416831

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206363
 Provider Gender: Female
 License Number: C174771
 NPI: 1053392035
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N

Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, Sharp
 Grossmont Hospital
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
 515-2560
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 402851
 Provider Gender: Female
 License Number: C174771
 NPI: 1053392035
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, Sharp
 Grossmont Hospital
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 3705 MISSION BLVD
 SAN DIEGO, CA 92109




Phone: (619) 515-2444
 After Hours Phone: (619)
 515-2444
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-W
 8:30AM-5:30PM
 TH 9AM-6PM
 F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA







Provider ID: 206362
 Provider Gender: Female
 License Number: A72005
 NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CORONADO HOSP AND
 HEALTHCARE CTR, SCRIPPS
 MERCY HOSPITAL,
 GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 3544 30TH ST
 SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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


Provider ID: 402851
 Provider Gender: Female
 License Number: A72005
 NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CORONADO HOSP AND
 HEALTHCARE CTR, SCRIPPS
 MERCY HOSPITAL,
 GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 3705 MISSION BLVD
 SAN DIEGO, CA 92109
 Phone: (619) 515-2444
 After Hours Phone: (619)
 515-2444
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-W 8:30AM-5PM
 TH 9:30AM-6PM

OBSTETRICS / GYNECOLOGY







LIPSCHITZ, LISA

Provider ID: 206363
 Provider Gender: Female
 License Number: A72005
 NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CORONADO HOSP AND
 HEALTHCARE CTR, SCRIPPS
 MERCY HOSPITAL,
 GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 4725 MARKET ST
 SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
 515-2560
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

PROVIDER
 Hours: M-F
 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 416831
 Provider Gender: Female
 License Number: A72005
 NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CORONADO HOSP AND
 HEALTHCARE CTR, SCRIPPS
 MERCY HOSPITAL,
 GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 3514 30TH ST
 SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
 515-2424
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\18
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Provider ID: 206362
 Provider Gender: Female
 License Number: A72005
 NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CORONADO HOSP AND
 HEALTHCARE CTR, SCRIPPS
 MERCY HOSPITAL,
 GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 3544 30TH ST
 SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
 515-2424
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-TH
 8:30AM-5:30PM
 F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206360
 Provider Gender: Female
 License Number: A72005

NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CORONADO HOSP AND
 HEALTHCARE CTR, SCRIPPS
 MERCY HOSPITAL,
 GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 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

PHAN, TIFFANI

Provider ID: 417101
 Provider Gender: Female
 License Number: A161105
 NPI: 1134515695

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese
 Cultural Competency: N

Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL, SHARP
 CHULA VISTA MED CTR,
 SCRIPPS MEMORIAL
 HOSPITAL, SCRIPPS MERCY
 HOSPITAL CHULA VISTA
 Board Certified Specialty: No
 OPERATION SAMAHAN
 10737 CAMINO RUIZ STE
 235
 SAN DIEGO, CA 92126
 Phone: (844) 200-2426
 After Hours Phone: (844)
 200-2426
 Website: www.operationsa
 mahan.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 402851
 Provider Gender: Female
 License Number: A164859
 NPI: 1952751711
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Hindi
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN DIEGO

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619)
515-2444
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-W
8:30AM-5:30PM
TH 9AM-6PM
F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 416831
Provider Gender: Female
License Number: A164859
NPI: 1952751711
Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619)
515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-TH 8AM-5PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 206363
Provider Gender: Female
License Number: A164859
NPI: 1952751711
Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619)
515-2560

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 206360
Provider Gender: Female
License Number: A164859
NPI: 1952751711

Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 206363
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Grossmont Hospital
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619)
515-2560
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY **STABEN, REBECCA**

Provider ID: 206360
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY **STABEN, REBECCA**

Provider ID: 416831
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital
Board Certified Specialty: No
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 **STABEN, REBECCA**

Provider ID: 402851
Provider Gender: Female

License Number: 20A13958
NPI: 1932269198
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619)
515-2444
Website: www.fhcsd.org
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**

Provider ID: 451167
Provider Gender: Female
License Number: 20A8204
NPI: 1053407593
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206363

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619) 515-2560

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 416831

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3514 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 206362

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA


Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

3544 30TH ST
SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 402851

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR,
 SCRIPPS MERCY HOSPITAL
 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): PROVIDER
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 206362

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 3544 30TH ST
 SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
 515-2424

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 206360

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
 515-2300

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER



OPHTHALMOLOGY

NAJAFI, DAVID

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Provider ID: 206360
Provider Gender: Male
License Number: A68124
NPI: 1396715991
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Farsi, Persian,
Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300
 Website: www.fhcsd.org
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

Provider ID: 206360
Provider Gender: Male
License Number: G61394
NPI: 1649206541
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO
 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M 8:30AM-7:30PM
TU-F 8:30AM-5:30PM

OPHTHALMOLOGY





SHAW, BLAKE

Provider ID: 206363
Provider Gender: Male
License Number: G61394
NPI: 1649206541
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO
 4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
515-2560
 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

OPHTHALMOLOGY

ZABLIT, KARIM

Provider ID: 403583
Provider Gender: Male
License Number: A42127
NPI: 1083700538
 Provider English Spoken: Y
 Provider Language(s)
Spoken: French
Cultural Competency: N
Hospital Affiliation: SCRIPPS
GREEN HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 Phone: (619) 233-8500
 After Hours Phone: (619)
233-8500
 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

American Sign Language (ASL): NPI: 1275152662

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-4:45PM

OTOLARYNGOLOGY

DAVIS, MORGAN

Provider ID: 206360

Provider Gender: Female

License Number: A181809

NPI: 1891359154

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619) 515-2300

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

OTOLARYNGOLOGY

YOUSEF, ANDREW

Provider ID: 206360

Provider Gender: Male

License Number: A186426

☐ Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619) 515-2300

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

PEDIATRICS

ABELL, GEOFFREY

Provider ID: 27341

Provider Gender: Male

NPI: 1245256130

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

📍 292 EUCLID AVE STE 220
SAN DIEGO, CA 92114

☎ Phone: (619) 262-8624
Fax: (619) 262-6639

🕒 After Hours Phone: (619) 262-8624

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

ABRAMSON, RACHEL

Provider ID: 185268

Provider Gender: Female

License Number: A104918

NPI: 1588707178

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

☎ Phone: (619) 280-4213

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

📞 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-6PM SA 8AM-2PM

PEDIATRICS

ADJAN, ROULA

Provider ID: 185268

Provider Gender: Female

License Number: A81682

NPI: 1992847263

☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Arabic, French, Spanish

Cultural Competency: N

Board Certified Specialty: No LA MAESTRA FAMILY CLINIC

📍 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105

☎ Phone: (619) 255-9155

Fax: (619) 749-5480

📞 After Hours Phone: (619) 255-9155

🌐 Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

PEDIATRICS

ADLOUNI, LOUBABA

Provider ID: 230441

Provider Gender: Female

NPI: 1669443685

☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH, PALOMAR MEDICAL CENTER

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

📍 16918 DOVE CANYON RD STE 200 SAN DIEGO, CA 92127

☎ Phone: (858) 924-1960

Fax: (858) 924-1964

📞 After Hours Phone: (858) 924-1960

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

ALBINO, NICHOLAS

Provider ID: 416831

Provider Gender: Male

License Number: A179851

NPI: 1740843499

☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

📍 3514 30TH ST SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

📞 After Hours Phone: (619) 515-2424

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8AM-5PM

PEDIATRICS

ANDREE, GREGOR

Provider ID: 233532

Provider Gender: Male

License Number: A72833

NPI: 1467436063

☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: German, Spanish

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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


Provider ID: 482070

Provider Gender: Male

License Number: A72833

NPI: 1467436063


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: German, Spanish*


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858) 810-8700


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8:30AM-5:30PM
 TU 8:30AM-9PM*

*W-F 8:30AM-5:30PM
 SA 9AM-4PM*


PEDIATRICS

ARCHAMBAULT, CHRISTIAN

Provider ID: 5589

Provider Gender: Male

NPI: 1992776918

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

*Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL, RADY*

*CHILDRENS HOSPITAL SAN
 DIEGO, SCRIPPS MERCY*

*HOSPITAL, PALOMAR
 HEALTH, SHARP MARY BIRCH*

*HOSP FOR WOMEN AND
 NEWBORNS, CHILDRENS*

*HOSPITAL OF ORANGE
 COUNTY, PARADISE VALLEY*

HOSPITAL, PARADISE VALLEY

*HOSPITAL, 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


Provider ID: 206360

Provider Gender: Female

License Number: A44027

NPI: 1447265137

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Chinese, French, Spanish, Ukrainian*


Cultural Competency: N

*Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL*

Board Certified Specialty: No
**FAMILY HEALTH CENTERS OF
 SAN DIEGO**

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

PEDIATRICS


AYSON, NICOLE

Provider ID: 417429

Provider Gender: Female


License Number: A128091


NPI: 1013278704

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

AZIMI, AYSUN

Provider ID: 317194


NPI: 1710246160

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA MED CTR, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CLOVIS COMMUNITY HOSPITAL, CLOVIS COMMUNITY HOSPITAL

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 292 EUCLID AVE STE 220
SAN DIEGO, CA 92114

 Phone: (619) 262-8624

Fax: (619) 262-6639

 After Hours Phone: (619) 262-8624

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS


BONSU, BEMA

Provider ID: 227409


Provider Gender: Male


License Number: C55180


NPI: 1932106986

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

PEDIATRICS

CABARLO, JEHRIB

Provider ID: 206360

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 6735

Provider Gender: Male

NPI: 1780719872

Provider English Spoken: Y
 Provider Language(s) Spoken: French
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, RADY CHILDRENS

HOSPITAL SAN DIEGO
 Board Certified Specialty: Yes
 RADY CHILDRENS HEALTH NETWORK
 550 WASHINGTON ST STE 300
 SAN DIEGO, CA 92103
 Phone: (619) 297-5437
 Fax: (619) 297-4567
 After Hours Phone: (619) 297-5437
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8AM-8:30PM
 F 8AM-5PM
 SA 8AM-2PM

PEDIATRICS

CASTELNOVI, CLAUDIA

Provider ID: 185268

Provider Gender: Female

License Number: A111170

NPI: 1417279324

Provider English Spoken: Y
 Provider Language(s) Spoken: French, Italian, Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC
 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 Phone: (619) 255-9155
 After Hours Phone: (619) 255-9155
 Website: www.lamaestra.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

CHEN, EILEEN



Provider ID: 606456

Provider Gender: Female

NPI: 1932660966


Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 7910 FROST ST STE 400
 SAN DIEGO, CA 92123
 Phone: (858) 495-0500
 Fax: (858) 560-4279
 After Hours Phone: (858) 495-0500
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*

PEDIATRICS

CHEN, JENNIFER

Provider ID: 206363
Provider Gender: Female
License Number: A141057
NPI: 1255785150
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 4725 MARKET ST
 SAN DIEGO, CA 92102
 *Phone: (619) 515-2560*
 *After Hours Phone: (619) 515-2560*
 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None



American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

PEDIATRICS

CONE, STEPHANIE

Provider ID: 185268
Provider Gender: Female
License Number: A123929
NPI: 1437444858


 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 *Phone: (619) 255-9154*
 *After Hours Phone: (619) 255-9154*
 *Website: www.lamaestra.org*

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N



 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-6PM SA 8AM-2PM*




PEDIATRICS


CORDES, WILLIAM

Provider ID: 206360
Provider Gender: Male
License Number: 20A15743
NPI: 1174942544

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N


Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 *Phone: (619) 515-2300*
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N



 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-7PM TU-TH 8AM-6PM F 8AM-5:30PM SA 8AM-5PM*

PEDIATRICS

DIXON, SARAH


Provider ID: 482070
Provider Gender: Female
License Number: A137415
NPI: 1467751131

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP



 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 *Phone: (858) 810-8700*
 *After Hours Phone: (858)*





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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



Provider ID: 524340
 Provider Gender: Female
 NPI: 1740249432
 Provider English Spoken: Y
 Provider Language(s) Spoken: Russian
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 11943 EL CAMINO REAL STE 210
 SAN DIEGO, CA 92130
 Phone: (858) 793-1011

 After Hours Phone: (858) 793-1011
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

FORTUNE, ERIN

Provider ID: 206360
 Provider Gender: Male
 License Number: A95577
 NPI: 1801088422
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 9AM-5PM

PEDIATRICS

FORTUNE, ERIN

Provider ID: 416831
 Provider Gender: Male
 License Number: A95577
 NPI: 1801088422
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 3514 30TH ST
 SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\18
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

FRIEDMAN, JAIME


Provider ID: 230500
 Provider Gender: Female


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 185268

Provider Gender: Female

License Number: A163693


NPI: 1023506367


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

 Phone: (619) 255-9154

 After Hours Phone: (619)
255-9154


 Website: www.lamaestra.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

PEDIATRICS

GRAY, SARAH

Provider ID: 206360

Provider Gender: Female

License Number: A151631


NPI: 1508210311


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, 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

 Hours: M 8:30AM-7PM
TU-TH 8:30AM-6PM
F 8:30AM-5:30PM
SA 8:30AM-5PM

PEDIATRICS

GUPTA, VARSHA


Provider ID: 206360

Provider Gender: Female

License Number: A164889

NPI: 1891283214

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Hindi, Spanish


Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

HENDERSON, TREVOR

Provider ID: 58111

Provider Gender: Male

NPI: 1356449425

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
GROSSMONT HOSPITAL,
SHARP MARY BIRCH HOSP
FOR WOMEN AND
NEWBORNS, RADY
CHILDRENS HOSPITAL SAN
DIEGO, 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\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

HIBBS, NICOLE

Provider ID: 143979

Provider Gender: Female

NPI: 1164627832

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 550 WASHINGTON ST STE
300

SAN DIEGO, CA 92103

☎ Phone: (619) 297-5437

Fax: (619) 297-4567

📞 After Hours Phone: (619)
297-5437

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-TH 8AM-8:30PM
F 8AM-5PM
SA 8AM-2PM

PEDIATRICS

HOANG, VY

Provider ID: 161902

Provider Gender: Female

NPI: 1649575135

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
GROSSMONT HOSPITAL,
SHARP MARY BIRCH HOSP
FOR WOMEN AND
NEWBORNS, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 6699 ALVARADO RD
SAN DIEGO, CA 92120

☎ Phone: (619) 265-3400

Fax: (619) 265-3407

📞 After Hours Phone: (619)
265-3400

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

HORMOZDYARAN, SANAYA

Provider ID: 612398

Provider Gender: Female

NPI: 1750887634

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 237831

Provider Gender: Female

NPI: 1275762833

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

12036 SCRIPPS

HIGHLANDS DR STE 102
SAN DIEGO, CA 92131

Phone: (858) 566-4444

Fax: (858) 566-3321

After Hours Phone: (858) 566-4444

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

JUAREZ, PATRICIA

Provider ID: 317641

Provider Gender: Female

NPI: 1205807229

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP

MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Board Certified Specialty: No
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

KARMAKAR, KANKA

Provider ID: 417101

Provider Gender: Female

License Number: C54941

NPI: 1972536654

Provider English Spoken: Y

Provider Language(s)

Spoken: Bengali, Hindi, Polish, Spanish, Tagalog

Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Website: www.operationsamahan.org


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TU
8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM*


PEDIATRICS

KESANAPALLI, DEEPTHI

Provider ID: 235069

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\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8:30AM-6PM
F 8:30AM-12PM*

PEDIATRICS

LAWRIE, ALISA

Provider ID: 660912


Provider Gender: Female

NPI: 1407847908


 *Provider English Spoken: Y*
Cultural Competency: N


Hospital Affiliation: SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 *550 WASHINGTON ST STE
300*

SAN DIEGO, CA 92103

 *Phone: (619) 297-4567*

 *After Hours Phone: (619)
297-4567*

 *Website: N/A*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-8PM
F 8AM-5PM*


PEDIATRICS


LE, NGUYEN

Provider ID: 44952

Provider Gender: Male

NPI: 1548308109

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish,
Vietnamese*

Cultural Competency: N

Hospital Affiliation:

*GROSSMONT HOSPITAL,
SHARP MARY BIRCH HOSP*

FOR WOMEN AND

NEWBORNS, RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND, SHARP MEMORIAL


HOSPITAL

Board Certified Specialty: No


RADY CHILDRENS HEALTH NETWORK

 *5507 EL CAJON BLVD STE
B*

SAN DIEGO, CA 92115

 *Phone: (619) 582-8814*

Fax: (619) 582-8813

 *After Hours Phone: (619)
582-8814*

 *Website: N/A*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM*

PEDIATRICS

LOPER, KAREN

Provider ID: 490610

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206360

Provider Gender: Female

License Number: A61687

NPI: 1760412431

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)
515-2300

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

PEDIATRICS

MADANY, GEORGE

Provider ID: 318924

Provider Gender: Male

NPI: 1811968837

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Arabic, French,
Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL CHULA VISTA

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

📍 7910 FROST ST STE 400
SAN DIEGO, CA 92123

☎ Phone: (858) 495-0500

Fax: (858) 560-4279

🕒 After Hours Phone: (858)
495-0500

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

MAHENDRAN, SRIVIDYA

Provider ID: 482070

Provider Gender: Female

License Number: A92173

NPI: 1487843454

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

🕒 After Hours Phone: (858)
810-8700

🌐 Website: www.sdfamilycare
.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N

 **Accessibility: CONTACT PROVIDER**

PEDIATRICS


MANRIQUEZ-CASTILLO, ERENDIRA

Provider ID: 185268

Provider Gender: Female

License Number: A75533

NPI: 1356397418

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

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**


PEDIATRICS

MARTINEZ-ANDREE, INGRID

Provider ID: 319049

Provider Gender: Female

NPI: 1205807203


 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 400 SAN DIEGO, CA 92123

 Phone: (858) 495-0500

Fax: (858) 560-4279

 After Hours Phone: (858) 495-0500

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

 **Hours: M-F 8AM-5PM**

PEDIATRICS


NGUYEN, JANICE


Provider ID: 416831

Provider Gender: Female

License Number: A157335

NPI: 1760916589

 Provider English Spoken: Y


 Provider Language(s)

Spoken: Vietnamese


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

 **Hours: M-TH 8AM-5PM**

PEDIATRICS

PARK, TARI

Provider ID: 237711

Provider Gender: Female

NPI: 1285669085

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Korean

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

12036 SCRIPPS
HIGHLANDS DR STE 102
SAN DIEGO, CA 92131
Phone: (858) 566-4444
Fax: (858) 566-3321

After Hours Phone: (858)
566-4444

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

PARKER, SHERINE

Provider ID: 206360

Provider Gender: Female

License Number: G81658

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-7PM

TU-TH 8:30AM-6PM

F 8:30AM-5:30PM

SA 8:30AM-5PM

PEDIATRICS

PAVLOVICH, WENDY

Provider ID: 416831

Provider Gender: Female

License Number: A126181

NPI: 1740467299

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)
515-2424

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

POWELL, STEPHANIE

Provider ID: 319033

Provider Gender: Female

NPI: 1720059744

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 400

SAN DIEGO, CA 92123

Phone: (858) 495-0500

Fax: (858) 560-4279

After Hours Phone: (858)
495-0500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PEDIATRICS

PRESKILL, CATALINA

Provider ID: 403583

Provider Gender: Female

License Number: G29879

NPI: 1598088759

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1501 IMPERIAL AVE
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)
233-8500

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM

PEDIATRICS

RODRIGUEZ, ALDO

Provider ID: 451167

Provider Gender: Male

License Number: A134995

NPI: 1508209651

Provider English Spoken: Y

Provider Language(s)
Spoken: Portuguese,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
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

RODRIGUEZ, JAVIER

Provider ID: 185268

Provider Gender: Male

License Number: A82639

NPI: 1013059385

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)
255-9155

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

RUBENSTEIN, STUART

Provider ID: 521305

Provider Gender: Male

NPI: 1689633844

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS, RADY CHILDRENS
HOSPITAL SAN DIEGO,
SCRIPPS MEMORIAL

HOSPITAL, SHARP MEMORIAL
HOSPITAL

Board Certified Specialty: No
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM
SA 8AM-12PM*

PEDIATRICS



SAMPATH, SRIVIDYA

Provider ID: 416831
Provider Gender: Female
License Number: A132576
NPI: 1275892754
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: French*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No 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


Provider ID: 416831

Provider Gender: Female
License Number: A103099
NPI: 1538484316

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 3514 30TH ST
 SAN DIEGO, CA 92104
 *Phone: (619) 515-2424*
 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18



American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

PEDIATRICS




SEBSO, JODI


Provider ID: 206360
Provider Gender: Female
License Number: A103099
NPI: 1538484316

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL


Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 *Phone: (619) 515-2300*
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*
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

Provider ID: 232392
Provider Gender: Male
NPI: 1619262664

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP MEMORIAL HOSPITAL,



SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 292 EUCLID AVE STE 220





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


SAN DIEGO, CA 92114
 Phone: (619) 262-8624
 Fax: (619) 262-6639
 After Hours Phone: (619) 262-8624
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

SHETH, HASMUKH

Provider ID: 451167
 Provider Gender: Male
 License Number: A45942
 NPI: 1396812236
 Provider English Spoken: Y
 Provider Language(s) Spoken: Gujarati, Hindi, Urdu
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 950 S EUCLID AVE
 SAN DIEGO, CA 92114
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/king-chavez-healt

h- center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER



PEDIATRICS

SHIAU, NANCY

Provider ID: 40852
 Provider Gender: Female
 NPI: 1750352779
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 6699 ALVARADO RD STE 2200
 SAN DIEGO, CA 92120
 Phone: (619) 265-3400
 Fax: (619) 265-3407
 After Hours Phone: (619) 265-3400
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19






American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

SPITZER, MARSHA

Provider ID: 206360
 Provider Gender: Female
 License Number: A76785
 NPI: 1851323315
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

SPITZER, MARSHA

Provider ID: 417429

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 402851
 Provider Gender: Female
 License Number: A76785
 NPI: 1851323315
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL,
 GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO
 3705 MISSION BLVD
 SAN DIEGO, CA 92109
 Phone: (619) 515-2444
 After Hours Phone: (619)
 515-2444
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

STUMP, CHARI

Provider ID: 587747
 Provider Gender: Female
 NPI: 1265968788
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SHARP
 MEMORIAL HOSPITAL
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 7910 FROST ST STE 400
 SAN DIEGO, CA 92123
 Phone: (858) 495-0500
 Fax: (858) 560-4279
 After Hours Phone: (858)

495-0500
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PEDIATRICS

SUBRAMANIAN, RAMA

Provider ID: 662343
 Provider Gender: Female
 NPI: 1932593506
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Tamil
 Cultural Competency: N
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 11943 EL CAMINO REAL
 STE 210
 SAN DIEGO, CA 92130
 Phone: (858) 793-1011
 After Hours Phone: (858)
 793-1011
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 SA 8AM-12PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PEDIATRICS

SULEIMAN-QAFITI, KHAWLA

Provider ID: 416831

Provider Gender: Female

License Number: A51318

NPI: 1659303121

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

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

TAMAYO, MAITHE

Provider ID: 356145

Provider Gender: Female

License Number: A80504

NPI: 1487748430

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

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

Provider ID: 206360

Provider Gender: Female

License Number: A80504

NPI: 1487748430

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

WASSON, MINA

Provider ID: 698929

Provider Gender: Female

NPI: 1366753022

Provider English Spoken: Y

Provider Language(s)

Spoken: Russian

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

12036 SCRIPPS

HIGHLANDS DR STE 102

SAN DIEGO, CA 92131

Phone: (858) 566-4444

Fax: (858) 566-3321

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

📞 After Hours Phone: (858) 566-4444

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

WATERS, ELIZABETH

Provider ID: 153090

Provider Gender: Female

NPI: 1730477621

📄 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL
CHULA VISTA, PARADISE

VALLEY HOSPITAL, SHARP
MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,
SCRIPPS MERCY HOSPITAL,

RADY CHILDRENS HOSPITAL
SAN DIEGO

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

📍 292 EUCLID AVE STE 220
SAN DIEGO, CA 92114

📞 Phone: (619) 262-8624

Fax: (619) 262-6639

📞 After Hours Phone: (619)

262-8624

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

WEATHERLY, JACOB

Provider ID: 637376

Provider Gender: Male

NPI: 1538520457

📄 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LUCILE
SALTER PACKARD

CHILDRENS HOSP, Stanford
Health Care

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

📍 6699 ALVARADO RD STE
2200

SAN DIEGO, CA 92120

📞 Phone: (619) 265-3400

Fax: (619) 265-3407

📞 After Hours Phone: (619)
265-3400

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F 8AM-5PM
SA 8:30AM-12PM

PEDIATRICS

WONG, IAN

Provider ID: 689204

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\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM
SA 8AM-12PM

PEDIATRICS

WONG, YOLANDA

Provider ID: 482070

Provider Gender: Female

License Number: A94449

NPI: 1851599872

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

WONG, YOLANDA

Provider ID: 233532
 Provider Gender: Female
 License Number: A94449
 NPI: 1851599872
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
 DIEGO
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4305 UNIVERSITY AVE STE
 150
 SAN DIEGO, CA 92105
 Phone: (619) 280-2058
 After Hours Phone: (619)
 280-2058
 Website: www.sdfamilycare
 .org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\22
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

ZAHEER, AARON

Provider ID: 482070
 Provider Gender: Male
 License Number: A61238
 NPI: 1902882301
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Persian, Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 810-8700


After Hours Phone: (858)
 810-8700
 Website: www.sdfamilycare
 .org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

PEDIATRICS

ZAHEER, AARON



Provider ID: 233532
 Provider Gender: Male
 License Number: A61238
 NPI: 1902882301
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Persian, Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 4305 UNIVERSITY AVE STE
 150
 SAN DIEGO, CA 92105
 Phone: (619) 280-2058
 After Hours Phone: (619)
 280-2058
 Website: www.sdfamilycare
 .org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\22
 American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
 إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على
 blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



N
 Accessibility: CONTACT PROVIDER


PHYSICIANS ASSISTANT

ALVARADO, EDMUND


Provider ID: 419529
 Provider Gender: Male
 License Number: PA20888
 NPI: 1720303340
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO


 2325 COMMERCIAL ST STE 1400
 SAN DIEGO, CA 92113

 Phone: (619) 515-2422
 After Hours Phone: (619) 515-2422

 Website: www.fhcsd.org
 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

Provider ID: 185268
 Provider Gender: Male
 License Number: PA13694

NPI: 1346382611
 Provider English Spoken: Y
 Cultural Competency: N

Board Certified Specialty: No
 LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105


 Phone: (619) 255-9155
 After Hours Phone: (619) 255-9155

 Website: www.lamaestra.org

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



Provider ID: 206362
 Provider Gender: Female
 License Number: PA59874

NPI: 1437635943

 Provider English Spoken: Y
 Cultural Competency: N

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 3544 30TH ST
 SAN DIEGO, CA 92104

 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org


Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



PHYSICIANS ASSISTANT


BHAGAN, SHANNA

Provider ID: 206362
 Provider Gender: Female
 License Number: PA59874
 NPI: 1437635943

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 3544 30TH ST
 SAN DIEGO, CA 92104

 Phone: (619) 515-2424
 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT


CASTILLO, PATRICIA

Provider ID: 206362
 Provider Gender: Female
 License Number: PA17220
 NPI: 1376550657

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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


PHYSICIANS ASSISTANT

CASTILLO, PATRICIA

Provider ID: 206362
Provider Gender: Female
License Number: PA17220
NPI: 1376550657

 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None


American Sign Language (ASL):
N




 Accessibility: CONTACT
PROVIDER


PHYSICIANS ASSISTANT

CONDEZ, ESEL

Provider ID: 206360
Provider Gender: Male
License Number: PA53129
NPI: 1073978680

 Provider English Spoken: Y
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



CONTRERAS, LORETTA

Provider ID: 403583
Provider Gender: Female
License Number: PA54617
NPI: 1679096341

 Provider English Spoken: Y
Cultural Competency: N

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 Phone: (619) 233-8500
 After Hours Phone: (619)
233-8500


 Website: N/A
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N




 Accessibility: CONTACT
PROVIDER
 Hours: M 8:30AM-5:30PM
TU-W 8:30AM-5PM
TH 8:30AM-9PM
F 8:30AM-5PM


PHYSICIANS ASSISTANT

DAVID, MARVIC

Provider ID: 206360
Provider Gender: Male
License Number: PA53748
NPI: 1750832317

 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

American Sign Language (ASL): NPI: 1922380328

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

PHYSICIANS ASSISTANT

DRAME, SALWA

Provider ID: 417987

Provider Gender: Female

License Number: PA59481

NPI: 1093136426

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: French, Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

📍 4874 POLK AVE
SAN DIEGO, CA 92105

☎ Phone: (619) 515-2426

🕒 After Hours Phone: (619) 515-2426

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): License Number: PA21042

N

♿ Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

FINK, PATRICK

Provider ID: 402851

Provider Gender: Male

License Number: PA52704

☑ 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

PHYSICIANS ASSISTANT

GARCIA, DEANA

Provider ID: 416831

Provider Gender: Female

License Number: PA21042

NPI: 1447567995

☑ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

📍 3514 30TH ST

SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

🕒 After Hours Phone: (619) 515-2424

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

HOXMEIER, KRISTA

Provider ID: 418142

Provider Gender: Female

License Number: PA58505

NPI: 1104203454

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

HOXMEIER, KRISTA

Provider ID: 206363

Provider Gender: Female

License Number: PA58505

NPI: 1104203454

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

LAPINA, LORI

Provider ID: 206362

Provider Gender: Female


License Number: PA23231

NPI: 1245670413


Provider English Spoken: Y
Cultural Competency: N


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH
8:30AM-5:30PM
F 8AM-5PM

PHYSICIANS ASSISTANT

LAPINA, LORI

Provider ID: 417937

Provider Gender: Female

License Number: PA23231


NPI: 1245670413


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

LAPINA, LORI

Provider ID: 206362

Provider Gender: Female

License Number: PA23231


NPI: 1245670413


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF
SAN DIEGO

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH
8:30AM-5:30PM
F 8AM-5PM

PHYSICIANS ASSISTANT

LLOYD, MATTHEW

Provider ID: 417429

Provider Gender: Male

License Number: PA62752

NPI: 1487307369

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619) 515-2525

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F
8:30AM-5:30PM

PHYSICIANS ASSISTANT

LOPEZ, MARIO

Provider ID: 417937

Provider Gender: Male

License Number: PA21385

NPI: 1932335080

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619) 515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

LOPEZ, MARIO

Provider ID: 417987

Provider Gender: Male

License Number: PA21385

NPI: 1932335080

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE
SAN DIEGO, CA 92105

Phone: (619) 515-2426

After Hours Phone: (619) 515-2426

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

MARTINEZ-MURGUIA, IRENE

Provider ID: 185268

Provider Gender: Female

License Number: PA20296

NPI: 1447492889

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619) 255-9155

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

MERCER, KELLY

Provider ID: 185268

Provider Gender: Female

License Number: PA21625

NPI: 1154609790

Provider English Spoken: Y

Provider Language(s)

Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619) 255-9155

Website: www.lamaestra.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-6PM
SA 8AM-2PM

PHYSICIANS ASSISTANT

MILLER, LAUREL

Provider ID: 206363

Provider Gender: Female

License Number: PA20378

NPI: 1598992133

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102
Phone: (619) 515-2560
After Hours Phone: (619)
515-2560
Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

NUNO, JOSE

Provider ID: 206360

Provider Gender: Male

License Number: PA15227

NPI: 1275543068

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

PHUNG, AIVI

Provider ID: 206046

Provider Gender: Female

License Number: PA53902

NPI: 1639528110

Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858)
279-0925
Website: www.sdfamilycare
.org
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

Provider ID: 206046

Provider Gender: Female

License Number: PA53902

NPI: 1639528110

Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
After Hours Phone: (858)
279-0925
Website: www.sdfamilycare
.org

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SA 9AM-1PM

FAMILY HEALTH CENTERS OF
SAN DIEGO

PROVIDER

PHYSICIANS ASSISTANT

PHYSICIANS ASSISTANT

POLLEY, SHANNON

Provider ID: 206363

Provider Gender: Female


License Number: PA60864


NPI: 1225608722


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560


 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 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

RALL, EMILY

Provider ID: 227409


Provider Gender: Female


License Number: PA52141


NPI: 1407855828


Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PHYSICIANS ASSISTANT

QUICK, ELISABETH

Provider ID: 206360

Provider Gender: Female

License Number: PA21591

NPI: 1790055010


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)
515-2525

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:30AM-5:30PM

PHYSICIANS ASSISTANT

SHELLIE, SCOTT

Provider ID: 417429

Provider Gender: Male

License Number: PA53288

NPI: 1699053843

Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1550 BROADWAY STE 2
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)
515-2525

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F

8:30AM-5:30PM

PHYSICIANS ASSISTANT

SHARPE, NORMA

Provider ID: 517403

Provider Gender: Female

License Number: PA20490

NPI: 1619100237

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

316 25TH ST
SAN DIEGO, CA 92102

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

TOMASZEWSKI, DEBRA

Provider ID: 206363

Provider Gender: Female

License Number: PA58081

NPI: 1215264452

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

4725 MARKET ST
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)
515-2560

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

TOMASZEWSKI, DEBRA

Provider ID: 206363

Provider Gender: Female

License Number: MT2061555

NPI: 1215264452

Provider English Spoken: Y

Cultural Competency: N

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

TREUNER, JULIE

Provider ID: 206360

Provider Gender: Female

License Number: PA17478

NPI: 1922013614

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

American Sign Language (ASL): NPI: 1841472776

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

PHYSICIANS ASSISTANT

TURNER, SHEREENA

Provider ID: 206360

Provider Gender: Female

License Number: PA20396

NPI: 1992934988

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619) 515-2300

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

UDOH, EKAETE

Provider ID: 418535

Provider Gender: Male

License Number: PA19664

☑ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
OPERATION SAMAHAN

📍 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129

☎ Phone: (844) 200-2426

🕒 After Hours Phone: (844) 200-2426

🌐 Website: www.operationsa
mahan.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TU
8:30AM-5:30PM
W 10AM-7PM
TH-F 8:30AM-5:30PM

PHYSICIANS ASSISTANT

VARGAS, ROBERT

Provider ID: 206360

Provider Gender: Male

License Number: PA11194

NPI: 1972528081

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

📍 1809 NATIONAL AVE

SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619) 515-2300

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

PHYSICIANS ASSISTANT

YOUNG-PEN, TONI

Provider ID: 233597

Provider Gender: Female

License Number: PA18746

NPI: 1932297595

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish, Vietnamese

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 4290 POLK AVE

SAN DIEGO, CA 92105

☎ Phone: (619) 563-0250

🕒 After Hours Phone: (619) 563-0250

🌐 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

PROVIDER
Hours: M-F 8AM-5PM
SA 8AM-2PM

PODIATRIST

JUAREZ, LETICIA

Provider ID: 206360
Provider Gender: Female
License Number: DPM5661
NPI: 1508393778
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113
Phone: (619) 515-2300
After Hours Phone: (619)
515-2300

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PODIATRIST

LE, DIANA

Provider ID: 206360
Provider Gender: Female
License Number: DPM5734
NPI: 1184112864
Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: ANAHEIM
REGIONAL MEDICAL CTR,
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PODIATRIST

LE, DIANA

Provider ID: 206363
Provider Gender: Female
License Number: DPM5734
NPI: 1184112864
Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation: ANAHEIM
REGIONAL MEDICAL CTR,
Foothill Regional Medical
Center

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

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

PODIATRIST

MANCHEL, BRUCE

Provider ID: 631494
Provider Gender: Male
License Number: DPM2930
NPI: 1790890788
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1666 PRECISION PARK LN
SAN DIEGO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org

1666 PRECISION PARK LN
SAN DIEGO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

PODIATRIST

PANEK, JOHN

Provider ID: 417101

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

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

Provider ID: 206360

Provider Gender: Female

License Number: DPM4819

NPI: 1326282237

☑ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 1809 NATIONAL AVE
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

🕒 After Hours Phone: (619)
515-2300

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

PODIATRIST

SCHNEIDER, SARAH

Provider ID: 402851

Provider Gender: Female

License Number: DPM4819

NPI: 1326282237

☑ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
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

Provider ID: 417429

Provider Gender: Female

License Number: DPM4819

NPI: 1326282237

☑ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

📍 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2525

🕒 After Hours Phone: (619)
515-2525

🌐 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F
8:30AM-5:30PM

PREVENTATIVE MEDICINE

GENERAL

HILL, LINDA

Provider ID: 206046

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206046

Provider Gender: Female

License Number: G41532

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)

Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM
SA 9AM-4PM

PREVENTATIVE MEDICINE

GENERAL

HILL, LINDA

Provider ID: 482070

Provider Gender: Female

License Number: G41532

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)
810-8700

Website: www.sdfamilycare
.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-5:30PM
TU 8:30AM-9PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

PREVENTATIVE MEDICINE

GENERAL

RISSER, JOSEPH

Provider ID: 482070

Provider Gender: Male

License Number: G70886

NPI: 1952386765

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206046

Provider Gender: Male

License Number: G70886

NPI: 1952386765

☐ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP

📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 279-0377

📞 After Hours Phone: (858)
279-0925

🌐 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F
8:30AM-5:30PM
SA 9AM-4PM

PREVENTATIVE MEDICINE GENERAL

RISSER, JOSEPH

Provider ID: 206046

Provider Gender: Male

License Number: G70886

NPI: 1952386765

☐ Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP

📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 279-0377

📞 After Hours Phone: (858)
279-0925

🌐 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F
8:30AM-5:30PM
SA 9AM-4PM

PREVENTATIVE MEDICINE GENERAL

ROMERO, CAMILA

Provider ID: 206046

Provider Gender: Female

License Number: A93812

NPI: 1508912130

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

PREVENTATIVE MEDICINE GENERAL

ROMERO, CAMILA

Provider ID: 206046

Provider Gender: Female

License Number: A93812

NPI: 1508912130

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

BLOCKER, NIRIT

Provider ID: 206360

Provider Gender: Female

License Number: PT30272

NPI: 1457689309

Provider English Spoken: Y

Provider Language(s)
Spoken: Hebrew

Cultural Competency: N

Board Certified Specialty: No
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

REGISTERED PHYSICAL THERAPIST

CUMMINGS, GEORGE

Provider ID: 417937

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

FIELDING, JOSEPH

Provider ID: 417937

Provider Gender: Male

License Number: PT40975

NPI: 1235577560

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

HERMES, MARY

Provider ID: 206360

Provider Gender: Female

License Number: PT24707

NPI: 1518028547

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

REGISTERED PHYSICAL THERAPIST

MIGNEA, DAVID

Provider ID: 417937
Provider Gender: Male
License Number: PT293536
NPI: 1043736879

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER
Hours: M-TH 8AM-9PM
F 8AM-5PM

REGISTERED PHYSICAL THERAPIST

SALES, JAN ERIC

Provider ID: 417937
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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-TH 8AM-9PM
F 8AM-5PM

REGISTERED PHYSICAL THERAPIST

SCHMIDT, BRYAN

Provider ID: 417937

Provider Gender: Male
License Number: PT28061
NPI: 1780685032

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

4094 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 515-2545
After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

TOVAR, NICOLE

Provider ID: 206360
Provider Gender: Female
License Number: PT33914
NPI: 1003088063

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

1809 NATIONAL AVE
SAN DIEGO, CA 92113

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

☎ 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

REGISTERED PHYSICAL THERAPIST

VAN DYKE, JASON

Provider ID: 417937

Provider Gender: Male

License Number: PT25155

NPI: 1487658720

☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

📍 4094 4TH AVE
SAN DIEGO, CA 92103

☎ Phone: (619) 515-2545

🕒 After Hours Phone: (619) 515-2545

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8AM-9PM
F 8AM-5PM

RHEUMATOLOGY

REDDY, DANA

Provider ID: 206363

Provider Gender: Female

License Number: A115598

NPI: 1144538778

☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL,
ENCINITAS

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF SAN DIEGO

📍 4725 MARKET ST
SAN DIEGO, CA 92102

☎ Phone: (619) 515-2560

🕒 After Hours Phone: (619) 515-2560

🌐 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

RHEUMATOLOGY

REDDY, DANA

Provider ID: 403583

Provider Gender: Female

License Number: A115598

NPI: 1144538778

☐ Provider English Spoken: Y
☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL HOSPITAL,
ENCINITAS

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1501 IMPERIAL AVE
SAN DIEGO, CA 92101

☎ Phone: (619) 233-8500

🕒 After Hours Phone: (619) 233-8500

🌐 Website: N/A

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER






🕒 Hours: M-F 8AM-5:30PM

SPEECH PATHOLOGIST

MILLER, WILLIAM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





Provider ID: 206360
 Provider Gender: Male
 License Number: SP35150
 NPI: 1972002210
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
 515-2300
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

SPEECH PATHOLOGIST

WILLIAMS, JESSICA
 Provider ID: 206360
 Provider Gender: Female
 License Number: SP27677
 NPI: 1932680006
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 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



SAN MARCOS


CERTIFIED NURSE PRACTITIONER

FODDA, RAMI
 Provider ID: 614511
 Provider Gender: Male
 License Number: NP18788
 NPI: 1164660452

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Arabic
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 1595 GRAND AVE STE 106
 SAN MARCOS, CA 92078
 Phone: (760) 736-6767
 Fax: (760) 736-6744

 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

 Accessibility: CONTACT



PROVIDER

CERTIFIED NURSE PRACTITIONER

FODDA, RAMI
 Provider ID: 614511
 Provider Gender: Male
 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
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE PRACTITIONER

FODDA, RAMI
 Provider ID: 614511
 Provider Gender: Male
 License Number: NP18788
 NPI: 1164660452

Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

☐ *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*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903

NPI: 1659504264

☐ *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 150 VALPRED A RD
 SAN MARCOS, CA 92069

☎ *Phone: (760) 736-6767*

📞 *After Hours Phone: (760) 736-6767*

🌐 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903

NPI: 1659504264

☐ *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 150 VALPRED A RD
 SAN MARCOS, CA 92069

☎ *Phone: (760) 736-6767*

📞 *After Hours Phone: (760) 736-6767*

🌐 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA

Provider ID: 206426

Provider Gender: Female

License Number: NP95003903

NPI: 1659504264

☐ *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 150 VALPRED A RD
 SAN MARCOS, CA 92069

☎ *Phone: (760) 736-6767*

📞 *After Hours Phone: (760) 736-6767*

🌐 *Website: www.ihpsocal.org*
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ *Accessibility: CONTACT PROVIDER*

CERTIFIED NURSE PRACTITIONER

HENLEY, MEARA

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645

☐ *Provider English Spoken: Y*
 ☐ *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

American Sign Language (ASL): NPI: 1538319645

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


HENLEY, MEARA

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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


CERTIFIED NURSE PRACTITIONER

HENLEY, MEARA

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545


 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

CERTIFIED NURSE PRACTITIONER


KOUSARI, JHALEH


Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Farsi, Persian,
Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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

CERTIFIED NURSE PRACTITIONER

KOUSARI, JHALEH


Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Farsi, Persian,
Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

American Sign Language (ASL): **MACIAS, ALISSA**

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER


KOUSARI, JHALEH


Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, Persian,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


GREEN HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


CERTIFIED NURSE PRACTITIONER

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED 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


MACIAS, ALISSA

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED 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

MACIAS, ALISSA

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED 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 REGISTERED NURSE MIDWIFE

BELANGER, TANYA

Provider ID: 206426

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية


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
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
Provider ID: 206426
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
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
Provider ID: 206426
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
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
Provider ID: 614511
Provider Gender: Male
License Number: C54157
NPI: 1275630618
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Bengali
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078
 Phone: (760) 736-6767
Fax: (760) 736-6744
 After Hours Phone: (760)
736-6767
 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 614511

Provider Gender: Male

License Number: C54157

NPI: 1275630618

Provider English Spoken: Y

Provider Language(s)
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 614511

Provider Gender: Male

License Number: C54157

NPI: 1275630618

Provider English Spoken: Y

Provider Language(s)
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

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

FQHC

TRUECARE,

Provider ID: 614511

NPI: 1598484255

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

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: 614511

NPI: 1811617939

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

Phone: (760) 736-6767

Fax: (760) 736-6744

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: 614511

NPI: 1245246917

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM

FQHC

TRUECARE,

Provider ID: 206426

NPI: 1598484255

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

150 VALPRED 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: 206426

NPI: 1245246917

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

150 VALPRED 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: 206426

NPI: 1811617939

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

150 VALPRED 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

GENERAL PRACTICE

WITCZAK, IZABELA

Provider ID: 206426

Provider Gender: Female

License Number: A71311

NPI: 1184735201

Provider English Spoken: Y

Provider Language(s)
Spoken: Polish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPRED RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

GENERAL PRACTICE

WITCZAK, IZABELA

Provider ID: 206426

Provider Gender: Female

License Number: A71311

NPI: 1184735201

Provider English Spoken: Y

Provider Language(s)
Spoken: Polish

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

150 VALPRED RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

GENERAL PRACTICE

WITCZAK, IZABELA

Provider ID: 206426

Provider Gender: Female

License Number: A71311

NPI: 1184735201

Provider English Spoken: Y

Provider Language(s)
Spoken: Polish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

150 VALPRED RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

PARIKH, MILIND

Provider ID: 206426

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 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

Provider ID: 206426

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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

PARIKH, MILIND

Provider ID: 206426

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
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

PONIACHIK, SAMUEL

Provider ID: 206426

Provider Gender: Male

License Number: G74757

NPI: 1467485078

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

INTERNAL MEDICINE

PONIACHIK, SAMUEL

Provider ID: 206426

Provider Gender: Male

License Number: G74757

NPI: 1467485078

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

INTERNAL MEDICINE

PONIACHIK, SAMUEL

Provider ID: 206426

Provider Gender: Male

License Number: G74757

NPI: 1467485078

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

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

OBSTETRICS / GYNECOLOGY

MOSTOFIAN, EIMANEH

Provider ID: 206426







Provider Gender: Female



License Number: A97181

NPI: 1154477628

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية



 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 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

OBSTETRICS / GYNECOLOGY

MOSTOFIAN, EIMANEH

Provider ID: 206426
Provider Gender: Female
License Number: A97181
NPI: 1154477628

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER, TRI CITY
MEDICAL CTR



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

OBSTETRICS / GYNECOLOGY

MOSTOFIAN, EIMANEH

Provider ID: 206426
Provider Gender: Female
License Number: A97181
NPI: 1154477628



 Provider English Spoken: Y
 Provider Language(s)
Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR
MEDICAL CENTER, TRI CITY
MEDICAL CTR
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



OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

Provider ID: 206426
Provider Gender: Female
License Number: A93248
NPI: 1174703680

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 150 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPRED 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

OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPRED RD

SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

MALHOTRA, ARATI

Provider ID: 110242

Provider Gender: Female

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)

Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

150 VALPRED RD

SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM

PEDIATRICS

MALHOTRA, ARATI

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)

Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPRED 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Accessibility: CONTACT PROVIDER*

PEDIATRICS


MALHOTRA, ARATI


Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Hindi, Spanish*

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *After Hours Phone: (760) 736-6767*

 *Website: www.ihpsocal.org*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

PEDIATRICS


MALHOTRA, ARATI


Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Hindi, Spanish*

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR


MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED 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

MATIAS, JULIE

Provider ID: 661065

Provider Gender: Female

NPI: 1083094510

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 150 VALPRED RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

Fax: (760) 736-6744

 *After Hours Phone: (760) 736-6767*

 *Website: N/A*


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M 8AM-6PM
TU 8AM-5PM*

W-F 8AM-6PM

SA 8AM-5PM

PEDIATRICS

MONAHAN, CAROLYN

Provider ID: 50425

Provider Gender: Female

NPI: 1619973666

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER


Board Certified Specialty: Yes

RADY CHILDRENS HEALTH

NETWORK


 1582 W SAN MARCOS
BLVD STE 203

SAN MARCOS, CA 92078

 *Phone: (760) 744-6710*

Fax: (760) 744-6156

 *After Hours Phone: (760) 744-6710*

 *Website: N/A*

Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


C. دليل الرعاية الأولية

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


PEDIATRICS

NEVES, VANESSA

Provider ID: 143763

Provider Gender: Female

NPI: 1174672547

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6797

 After Hours Phone: (760)
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-5PM


PEDIATRICS


POSADAS, EMERITO

Provider ID: 303661

Provider Gender: Male

NPI: 1720093198

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)
736-6767

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-6PM

PEDIATRICS


POSADAS, EMERITO

Provider ID: 206426

Provider Gender: Male

License Number: A48980

NPI: 1720093198

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish, Tagalog


Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

POSADAS, EMERITO


Provider ID: 206426

Provider Gender: Male

License Number: A48980

NPI: 1720093198

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog



Cultural Competency: N


Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER




PEDIATRICS


POSADAS, EMERITO

Provider ID: 206426
 Provider Gender: Male
 License Number: A48980
 NPI: 1720093198

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog
 Cultural Competency: N

Hospital Affiliation: TRI CITY
 MEDICAL CTR, PALOMAR
 MEDICAL CENTER
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER



PEDIATRICS



QUINTERO, CAROLYN

Provider ID: 614767
 Provider Gender: Female
 NPI: 1023033156

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Afar, Spanish
 Cultural Competency: N


Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 150 VALPRED A RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767
 Website: N/A
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM
 SA 8AM-5PM

PEDIATRICS



RAJARATNAM, AKASH

Provider ID: 690819
 Provider Gender: Male


NPI: 1558942193

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
 Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767

 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



SEBIANE, MARIA

Provider ID: 206426
 Provider Gender: Female
 License Number: G71182
 NPI: 1740295229

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N

Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, PALOMAR MEDICAL
 CENTER

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

☎ 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

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

📍 150 VALPRED A RD SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

☎ After Hours Phone: (760) 736-6767

🌐 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

PROVIDER

PEDIATRICS

SEBIANE, MARIA

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

📍 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

SOCHA, TRACI

Provider ID: 428861

Provider Gender: Female

NPI: 1669478616

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

📍 1582 W SAN MARCOS BLVD STE 203 SAN MARCOS, CA 92078

☎ Phone: (760) 744-6710

Fax: (760) 744-6156

☎ After Hours Phone: (760) 744-6710

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-4:45PM

PHYSICIANS ASSISTANT

BERNARDO, RACHELLE

Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish





Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER






Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

📍 1595 GRAND AVE STE 106

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.






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
 Provider ID: 614511
 Provider Gender: Female
 License Number: PA17718
 NPI: 1821237678
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: PALOMAR MEDICAL CENTER
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER






PROVIDER

PHYSICIANS ASSISTANT





BERNARDO, RACHELLE
 Provider ID: 614511
 Provider Gender: Female
 License Number: PA17718
 NPI: 1821237678
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: PALOMAR MEDICAL CENTER
 Board Certified Specialty: No 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

CHISWICK, GARY
 Provider ID: 206426
 Provider Gender: Male
 License Number: PA22667
 NPI: 1174964001
 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation:
 GROSSMONT HOSPITAL
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 150 VALPREDA RD SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

CHISWICK, GARY
 Provider ID: 206426
 Provider Gender: Male
 License Number: PA22667
 NPI: 1174964001
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 150 VALPREDA RD SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

American Sign Language (ASL): Cultural Competency: N

N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

CHISWICK, GARY

Provider ID: 206426

Provider Gender: Male

License Number: PA22667

NPI: 1174964001


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 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): IHP OF SOUTHERN CAL-PHP
N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male

License Number: PA17101


NPI: 1316947302


 Provider English Spoken: Y


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): IHP OF SOUTHERN CAL-PHP
N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male

License Number: PA17101


NPI: 1316947302


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP
N

 Accessibility: CONTACT PROVIDER

PROVIDER

PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male


License Number: PA17101


NPI: 1316947302

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP
N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

NAVARRETE CELESTINO, MISHEL

Provider ID: 206426

Provider Gender: Female

License Number: PA62228

NPI: 1578263760

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

IHP OF SOUTHERN CAL-PHP N

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

NAVARRETE CELESTINO, MISHEL

Provider ID: 206426
Provider Gender: Female
License Number: PA62228
NPI: 1578263760

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):

Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM SA 8AM-5PM

PHYSICIANS ASSISTANT

NAVARRETE CELESTINO, MISHEL

Provider ID: 206426
Provider Gender: Female
License Number: PA62228
NPI: 1578263760

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
Hours: M-F 8AM-5PM SA 8AM-5PM

PHYSICIANS ASSISTANT

RUSSO, KRISTA

Provider ID: 206426
Provider Gender: Female

License Number: PA53036
NPI: 1922471192

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM SA 8AM-5PM

PHYSICIANS ASSISTANT

RUSSO, KRISTA

Provider ID: 206426
Provider Gender: Female
License Number: PA53036
NPI: 1922471192

Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
After Hours Phone: (760) 736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


C. دليل الرعاية الأولية

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1518133032

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-5PM

License Number: PA21723

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

RUSSO, KRISTA

Provider ID: 206426

Provider Gender: Female

License Number: PA53036

NPI: 1922471192


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 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): NPI: 1518133032


N


 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-5PM

 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

SPENCE, JAMIE

Provider ID: 206426

Provider Gender: Female

License Number: PA21723

NPI: 1518133032

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

PHYSICIANS ASSISTANT

SPENCE, JAMIE

Provider ID: 206426

Provider Gender: Female

License Number: PA21723

NPI: 1518133032

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH

Provider ID: 206426

Provider Gender: Female

PHYSICIANS ASSISTANT


SPENCE, JAMIE


Provider ID: 206426

Provider Gender: Female

 150 VALPREDA RD

SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
 Provider ID: 206426
 Provider Gender: Female
 License Number: PA51867
 NPI: 1295147387
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 150 VALPREDA RD
 SAN MARCOS, CA 92069
 Phone: (760) 736-6767

After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 SA 8AM-5PM

PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH
 Provider ID: 206426
 Provider Gender: Female
 License Number: PA51867
 NPI: 1295147387
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 150 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

PODIATRIST

DASGUPTA, DEBORSHI
 Provider ID: 614511
 Provider Gender: Male
 License Number: DPM5542
 NPI: 1598129223
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Bengali, Hindi,
 Spanish
 Cultural Competency: N
 Hospital Affiliation: CLOVIS
 COMMUNITY HOSPITAL,
 COMMUNITY REGIONAL
 MEDICAL CENTER-FRESNO,
 FRESNO HEART AND
 SURGICAL HOSPITAL
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1595 GRAND AVE STE 106
 SAN MARCOS, CA 92078
 Phone: (760) 736-6767
 After Hours Phone: (760)
 736-6767
 Website: www.ihpsocal.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

PODIATRIST

DASGUPTA, DEBORSHI
 Provider ID: 614511

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Provider Gender: Male
License Number: DPM5542
NPI: 1598129223
 Provider English Spoken: Y
 Provider Language(s) Spoken: Bengali, Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: CLOVIS COMMUNITY HOSPITAL, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, FRESNO HEART AND SURGICAL HOSPITAL
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: www.ihpsocal.org
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PODIATRIST

DASGUPTA, DEBORSHI
Provider ID: 614511
Provider Gender: Male
License Number: DPM5542
NPI: 1598129223
 Provider English Spoken: Y

Provider Language(s) Spoken: Bengali, Hindi, Spanish
Cultural Competency: N
Hospital Affiliation: CLOVIS COMMUNITY HOSPITAL, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, FRESNO HEART AND SURGICAL HOSPITAL
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078
 Phone: (760) 736-6767
 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
Provider ID: 206292
Provider Gender: Female
License Number: A145008
NPI: 1164659033
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: 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

CERTIFIED NURSE PRACTITIONER


CELIZ, ADRIANA
Provider ID: 227469
Provider Gender: Female
License Number: NP95004315
NPI: 1972956514
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 3364 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: <https://www.syhealth.org/locations>
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE PRACTITIONER

**CHAUSSE CASTRO,
EKATERINA**

Provider ID: 227469
 Provider Gender: Female
 License Number: NP95018617
 NPI: 1154040418
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP



 3364 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: <https://www.syhealth.org/locations>
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N


 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

GARCIA, TEDAYSHIA

Provider ID: 206292
 Provider Gender: Female
 License Number: NP95003355
 NPI: 1659730778

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N



 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE PRACTITIONER


GUADARRAMA, IGNACIO

Provider ID: 227469
 Provider Gender: Male

License Number: NP95003671
 NPI: 1821331174

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100


 Website: <https://www.syhealth.org/locations>
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N




 Accessibility: CONTACT
 PROVIDER

CERTIFIED NURSE PRACTITIONER

HACINAS, REYNALDO

























Provider ID: 206292
 Provider Gender: Male
 License Number: NP95003024
 NPI: 1215304860

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية


<p>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</p>	<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER</p>	<p>SA 8:30AM-2PM</p>
<u>CERTIFIED NURSE PRACTITIONER</u>		
<p>IBARRA, MARTHA Provider ID: 227469 Provider Gender: Female License Number: NP12112 NPI: 1114957289  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  3364 BEYER BLVD SAN YSIDRO, CA 92173  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: https://www.syhealth.org/locations Medi-Cal Open Panel: Yes Min/Max Age: 0\None</p>	<p><u>CERTIFIED NURSE PRACTITIONER</u> IBARRA, MARTHA Provider ID: 206292 Provider Gender: Female License Number: NP12112 NPI: 1114957289  Provider English Spoken: Y  Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA Board Certified Specialty: No 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</p>	<p><u>CERTIFIED NURSE PRACTITIONER</u> KANTAS, PARIS Provider ID: 206292 Provider Gender: Male License Number: NP18661 NPI: 1114329612  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  4004 BEYER BLVD SAN YSIDRO, CA 92173  Phone: (619) 662-4100  After Hours Phone: (619) 662-4100  Website: www.syhealth.org/clinics/san-ysidro-health-center Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</p> <p><u>CERTIFIED NURSE PRACTITIONER</u> ORDINANZA, MYLENE Provider ID: 227469</p>


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


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

CERTIFIED NURSE PRACTITIONER

PITTMAN, LILIANA

Provider ID: 227469

Provider Gender: Female


License Number: NP95017732

NPI: 1326599002

Provider English Spoken: Y
Cultural Competency: N


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

SANCHEZ, MYRNA

Provider ID: 227469

Provider Gender: Female


License Number: NP95003721


NPI: 1548614506

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

VAZQUEZ-ERLBECK, MARTHA

Provider ID: 227469

Provider Gender: Female

License Number: NP95001960

NPI: 1669865960


Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

OCHOA, RAUL

Provider ID: 206292

Provider Gender: Male

License Number: DC33693

NPI: 1518401827


Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 4004 BEYER 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

ENDOCRINOLOGY

METABOLISM DIABETES


CRUZ, MICHAEL

Provider ID: 206292

Provider Gender: Male

License Number: A138772

NPI: 1265851133

 Provider English Spoken: Y



 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No
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

ALGHAMDI, ASMA

Provider ID: 227469


Provider Gender: Female


License Number: A167529


NPI: 1316310840

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL

Provider ID: 206292

Provider Gender: Male

License Number: A157505

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL, PARADISE VALLEY
HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL

Provider ID: 227411

Provider Gender: Male

License Number: A157505

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

ARRIETA, NOEMI

Provider ID: 206292

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE

BAUM, PETER

Provider ID: 227411

Provider Gender: Male

License Number: 20A14949

NPI: 1174919971

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: syhealth.org/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

Provider ID: 206292

Provider Gender: Male

License Number: 20A17643

NPI: 1679060255

Provider English Spoken: Y

Provider Language(s)
Spoken: Romanian

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE

CAMPOS, MELISSA

Provider ID: 227411

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

CARRIEDO-CENICEROS,

MARIA

Provider ID: 206292

Provider Gender: Female

License Number: A78373

NPI: 1295746618

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

CASTILLO, STEPHANIE

Provider ID: 206292

Provider Gender: Female

License Number: A159673

NPI: 1902330723

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE

CEVALLOS, JAMES

Provider ID: 206292

Provider Gender: Male

License Number: A55469

NPI: 1720181829

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE


CORONADO, MYRNA

Provider ID: 206292

Provider Gender: Female

License Number: A112627

NPI: 1710147566

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N


Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org/clinics/san-ysidro-health-center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE


CORONADO, MYRNA

Provider ID: 227411

Provider Gender: Female

License Number: A112627

NPI: 1710147566

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N


Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/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


DALUGDUGAN, ESTHER


Provider ID: 206292

Provider Gender: Female

License Number: A112511

NPI: 1962662718

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Tagalog*

Cultural Competency: N


Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)*

662-4100

 *Website: www.syhealth.org/clinics/san-ysidro-health-center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

DAVIS, CHARLES

Provider ID: 206292

Provider Gender: Male

License Number: G41219

NPI: 1194840231


 *Provider English Spoken: Y*


Cultural Competency: N


Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org/clinics/san-ysidro-health-center*


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*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY PRACTICE

DAVIS, CHARLES


Provider ID: 685520


Provider Gender: Male

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

Fax: (619) 205-6305

 After Hours Phone: (619)
662-4100


 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

FAMILY PRACTICE

DUENAS RUIZ, KAREN

Provider ID: 692209

Provider Gender: Female

NPI: 1972181345

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) 205-6305

 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

ESTRADA, JOHANNA

Provider ID: 206292

Provider Gender: Female

License Number: A127188

NPI: 1255698155

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS GREEN

HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 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

HEINRICI, ALEKA

Provider ID: 206292

Provider Gender: Female

License Number: A125329

NPI: 1780979120

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

American Sign Language (ASL): License Number: C42207

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE


HENDRIX, JEFFERSON


Provider ID: 227469

Provider Gender: Male

License Number: A32571

NPI: 1235142738

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


FAMILY PRACTICE

HERNANDEZ, RALPH

Provider ID: 227469

Provider Gender: Male

NPI: 1285782151

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE


HERNANDEZ, RALPH

Provider ID: 206292

Provider Gender: Male

License Number: C42207

NPI: 1285782151

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 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

KAUFHOLD, ANNE


Provider ID: 206292

Provider Gender: Female

License Number: A88893

NPI: 1164508073

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N
 ️ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

LARA, LESLEY

Provider ID: 206292
 Provider Gender: Female
 License Number: A173435
 NPI: 1184112682
 ️ Provider English Spoken: Y
 ️ Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 ️ 4004 BEYER BLVD SAN YSIDRO, CA 92173
 ️ Phone: (619) 662-4100
 ️ After Hours Phone: (619) 662-4100
 ️ Website: www.syhealth.org /clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

N
 ️ Accessibility: CONTACT PROVIDER
 ️ Hours: SU 10AM-4PM M-F 8:30AM-5:30PM SA 8AM-2:30PM

FAMILY PRACTICE

LEE, JOSEPH

Provider ID: 206292
 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
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 ️ Accessibility: CONTACT PROVIDER
 ️ Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

FAMILY PRACTICE

LEE, JOSEPH

Provider ID: 227469
 Provider Gender: Male
 License Number: A164201
 NPI: 1417480948
 ️ Provider English Spoken: Y
 ️ 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

Provider ID: 206292
 Provider Gender: Male
 License Number: A130348
 NPI: 1205196029
 ️ Provider English Spoken: Y
 ️ Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 ️ 4004 BEYER BLVD SAN YSIDRO, CA 92173
 ️ Phone: (619) 662-4100

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

 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

LEUTE, ERIC

Provider ID: 206292

Provider Gender: Male

License Number: A80832

NPI: 1720171507

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL,


SCRIPPS MERCY HOSPITAL


CHULA VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE

MOYA, MARY

Provider ID: 206292

Provider Gender: Female

License Number: A80185

NPI: 1093844417

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

FAMILY PRACTICE

NAVARRO, VANESSA MARIA

Provider ID: 227469

Provider Gender: Female

License Number: A113624

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s) Spoken: Filipino, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SHARP CHULA VISTA


MED CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

NGUYEN, CARIE

Provider ID: 206292

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE


NIKZAD, JASON

Provider ID: 206292

Provider Gender: Male

License Number: 20A12653

NPI: 1508121674


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE


ORTEGA, LUIS

Provider ID: 206292

Provider Gender: Male

License Number: A180886

NPI: 1558924936


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FAMILY PRACTICE


ORTIZ, KENNETH

Provider ID: 206292

Provider Gender: Male

License Number: A156607


NPI: 1356761571


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

RAJAIPOUR, NEGIN



Provider ID: 206292
 Provider Gender: Female
 License Number: A145480
 NPI: 1508286709

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi, Persian

Cultural Competency: N
 Hospital Affiliation: CHULA VISTA COMM HOSP
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM

FAMILY PRACTICE

RAJAIPOUR, NEGIN

Provider ID: 227469

Provider Gender: Female
 License Number: A145480
 NPI: 1508286709

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi, Persian

Cultural Competency: N
 Hospital Affiliation: CHULA VISTA COMM HOSP
 Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: <https://www.syhealth.org/locations>


Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE



RITTER, STEVEN


Provider ID: 206292
 Provider Gender: Male
 License Number: 20A7435
 NPI: 1356556021

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100
 After Hours Phone: (619) 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


ROJAS, STEVEN

Provider ID: 206292
 Provider Gender: Male
 License Number: A132982
 NPI: 1801230297


 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PROVIDER
 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM

FAMILY PRACTICE

ROJAS, SARAH

Provider ID: 206292
 Provider Gender: Female
 License Number: A139169
 NPI: 1245645076

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish


Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER



 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM

FAMILY PRACTICE



ROSENBAUM, HERBERT


Provider ID: 206292
 Provider Gender: Male
 License Number: A169694

NPI: 1922532712

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100


 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N


 Accessibility: CONTACT
 PROVIDER




 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM

FAMILY PRACTICE


SALEM, RAMSEY

Provider ID: 206292
 Provider Gender: Male
 License Number: A158364
 NPI: 1245401298

 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)

662-4100

 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


SHAHTAJI, ALAN

Provider ID: 206292
 Provider Gender: Male
 License Number: 20A11087
 NPI: 1972751089

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100


 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE


SNYDER, CHRISTOPHER

Provider ID: 206292

Provider Gender: Male

License Number: 20A7502

NPI: 1922041235

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: PIH

Hospital - Downey, JOHN F

KENNEDY MEMORIAL HOSP,

CEDARS SINAI MEDICAL

CENTER, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

EISENHOWER MEDICAL CTR,


GROSSMONT HOSPITAL

Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 *4004 BEYER BLVD*

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE


STALEY, MICHAELA

Provider ID: 206292

Provider Gender: Female

License Number: A157772

NPI: 1912438250

 *Provider English Spoken: Y*


Cultural Competency: N


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 *4004 BEYER BLVD*

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE


SWEET, PATRICK

Provider ID: 206292

Provider Gender: Male

License Number: A101827

NPI: 1457407702

 *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation: HOAG

HOSPITAL IRVINE, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, GROSSMONT

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

Provider ID: 206292

Provider Gender: Male

License Number: A40061

NPI: 1740337161

 *Provider English Spoken: Y*

 *Provider Language(s)*

Spoken: Spanish

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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-TU
8:30AM-5:30PM

FAMILY PRACTICE

TAN, LO FU

Provider ID: 227469

Provider Gender: Male

License Number: C170935

NPI: 1356314835

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

TREJO, RAUL

Provider ID: 206292

Provider Gender: Male

License Number: A77936

NPI: 1174534184

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

UTZ, JACK

Provider ID: 206292

Provider Gender: Male

License Number: A183145

NPI: 1194353094

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
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

VAN HOLLEBEKE, RACHEL

Provider ID: 206292

Provider Gender: Female

License Number: A177337

NPI: 1497217756

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206292

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FQHC

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,

Provider ID: 227411

NPI: 1558852947

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1967

After Hours Phone: (619)
662-4100

Website: syhealth.org/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

FQHC

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,

Provider ID: 206292

NPI: 1952364747

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

FQHC

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,

Provider ID: 227469





NPI: 1801438239



Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD
SAN YSIDRO, CA 92173





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 Phone: (619) 662-4100
 Fax: (619) 600-4870
 After Hours Phone: (619) 662-4100
 Website: <https://www.syhealth.org/locations>
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

GENERAL PRACTICE




REYNAGA, JOSUE

Provider ID: 206292
 Provider Gender: Male
 License Number: A181644
 NPI: 1356929111
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5:30PM
 SA 8:30AM-2PM






GENERAL PRACTICE

TEJEDA, FRANCISCO

Provider ID: 206292
 Provider Gender: Male
 License Number: A66885
 NPI: 1407940075
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

GYNECOLOGY

CALDERON, JORGE







Provider ID: 206292
 Provider Gender: Male
 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
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

INFECTIOUS DISEASE

PROMER, KATHERINE



Provider ID: 206292
 Provider Gender: Female
 License Number: A131952
 NPI: 1306280607
 Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *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*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*

INTERNAL MEDICINE



ALDOUS, JEANNETTE

Provider ID: 206292
Provider Gender: Female
License Number: A101017
NPI: 1073650339
 *Provider English Spoken: Y*
 *Provider Language(s)*
 Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, 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

Provider ID: 206292
Provider Gender: Female
License Number: C55563
NPI: 1093803520
 *Provider English Spoken: Y*
 *Provider Language(s)*
 Spoken: Portuguese, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP





 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
Fax: (619) 205-6341
 *After Hours Phone: (619) 662-4100*
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

INTERNAL MEDICINE

CHOW, MAN HUNG

Provider ID: 227469
Provider Gender: Female
License Number: G66745
NPI: 1225149115
 *Provider English Spoken: Y*
 *Provider Language(s)*
 Spoken: Chinese, Mandarin
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 3364 BEYER BLVD
 SAN YSIDRO, CA 92173

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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





DE LA ROSA, JOSE

Provider ID: 206292
 Provider Gender: Male
 License Number: A49267
 NPI: 1689646572
 Provider English Spoken: Y
 Provider Language(s) Spoken: Tagalog
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

DILLON, BENEDICT

Provider ID: 227411
 Provider Gender: Male
 License Number: A111118
 NPI: 1710142708
 Provider English Spoken: Y
 Provider Language(s) 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
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

HURST, MICHAEL

Provider ID: 206292
 Provider Gender: Male
 License Number: 20A8081
 NPI: 1205893104
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SUTTER TRACY COMMUNITY HOSP, SCRIPPS MEMORIAL HOSPITAL
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-8PM SA 8AM-2PM

INTERNAL MEDICINE

KAUFER, DAVID

Provider ID: 206292
 Provider Gender: Male
 License Number: G80107

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5:30PM
SA 8:30AM-2PM

INTERNAL MEDICINE

KAUFER, DAVID

Provider ID: 227469

Provider Gender: Male

License Number: G80107

NPI: 1710082789

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

LAMANTIA, MICHELE

Provider ID: 206292

Provider Gender: Female

License Number: G71855

NPI: 1124176102

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

- Phone: (619) 662-4100
- After Hours Phone: (619) 662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

MAY, LOUIS

Provider ID: 206292

Provider Gender: Male

License Number: A138568

NPI: 1720497514

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No
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

PARK, DANIEL

Provider ID: 206292

Provider Gender: Male

License Number: A99433

NPI: 1538371844

- Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Provider ID: 206292
Provider Gender: Female
License Number: 20A8245
NPI: 1164435681
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619)

662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

RAMIREZ SANCHEZ, CLAUDIA

Provider ID: 206292
Provider Gender: Female
License Number: A160493
NPI: 1659720555
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, 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
Medi-Cal Open Panel: Yes


























Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

REDDY, SAMATHHA

Provider ID: 227469
Provider Gender: Female
License Number: A120797
NPI: 1659620854
Provider English Spoken: Y
Provider Language(s)
Spoken: Gujarati, Hindi,
Punjabi, Spanish, Telugu
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

<p>N  <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p>INTERNAL MEDICINE</p> <p>SALERNO, MARIANA <i>Provider ID: 206292</i> <i>Provider Gender: Female</i> <i>License Number: A131021</i> <i>NPI: 1598921645</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: Providence St. Joseph Hospital Eureka</i> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p>INTERNAL MEDICINE</p> <p>SCHNEIDER-MUNOZ, MARGARITA <i>Provider ID: 206292</i></p>	<p><i>Provider Gender: Female</i> <i>License Number: G81461</i> <i>NPI: 1821299520</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p>INTERNAL MEDICINE</p> <p>SHEIKH MOHAMED, AMIRA <i>Provider ID: 227469</i> <i>Provider Gender: Female</i> <i>License Number: A153975</i> <i>NPI: 1831583079</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Arabic, French, Hindi, Italian, Urdu</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,</i></p>	<p><i>SCRIPPS MERCY HOSPITAL CHULA VISTA</i> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: https://www.syhealth.org/locations</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i></p> <hr/> <p>INTERNAL MEDICINE</p> <p>SY, RAMON <i>Provider ID: 227469</i> <i>Provider Gender: Male</i> <i>License Number: A51843</i> <i>NPI: 1982617403</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish, Tagalog</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL, PARADISE VALLEY HOSPITAL</i> <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p>
---	--	---


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 3364 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
 662-4100
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE


VELAZQUEZ CAMARENA, MARIA

Provider ID: 206292

Provider Gender: Female

License Number: A56153

NPI: 1518965714

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
 662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

WEN, AKI YEN CHANG

Provider ID: 227411


Provider Gender: Male


License Number: 20A12555


NPI: 1205126505


 Provider English Spoken: Y
 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

INTERNAL MEDICINE

GERIATRIC MEDICINE

PANDIT, IVY

Provider ID: 206292

Provider Gender: Female

License Number: C53735

NPI: 1891796165

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: KAISER

FOUNDATION HOSPITAL


RIVERSIDE, RIVERSIDE


COUNTY REGIONAL MED CTR


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173

 Phone: (619) 205-1950

 After Hours Phone: (619)
 205-1950

 Website: www.syhealth.org/clinics/san-ysidro-health-center


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


Provider ID: 206292

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

 Provider English Spoken: Y

 Provider Language(s)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY **ANDERSON, MANDY**

Provider ID: 227411
Provider Gender: Female
License Number: A113914
NPI: 1982812392
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA
MED CTR
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619)
662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

BERGGREN, ERICA

Provider ID: 227411
Provider Gender: Female
License Number: C158543
NPI: 1912159674
Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
SCRIPPS MEMORIAL
HOSPITAL, SCRIPPS GREEN
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA,
SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619)
662-4100
Website: syhealth.org/clinics/maternal-child-health-center
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

Provider ID: 227411
Provider Gender: Female
License Number: A104660
NPI: 1083815823
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Hospital Affiliation: ST
JOSEPHS MEDICAL CENTER,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619)
662-4100
Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

OBSTETRICS / GYNECOLOGY

CARR, MIANDA

Provider ID: 206292

Provider Gender: Female

License Number: A104660

NPI: 1083815823

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: ST

JOSEPHS MEDICAL CENTER,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

CARSON, LATISA

Provider ID: 206292

Provider Gender: Female

License Number: A72235

NPI: 1245229129

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org

/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DANESHMAND, SHAHRAM

Provider ID: 206292

Provider Gender: Male

License Number: A63844

NPI: 1891867412

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

OBSTETRICS / GYNECOLOGY

DANESHMAND, SHAHRAM

Provider ID: 227411

Provider Gender: Male

License Number: A63844

NPI: 1891867412

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
SHARP MARY BIRCH HOSP
FOR WOMEN AND
NEWBORNS, SCRIPPS GREEN
HOSPITAL, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-1948

After Hours Phone: (619) 662-4100

Website: www.syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY

DINH, MY

Provider ID: 227411

Provider Gender: Female

License Number: 20A9907

NPI: 1316146996

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

DINH, MY

Provider ID: 206292

Provider Gender: Female

License Number: 20A9907

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY


GOLDSTEIN, EDWARD

Provider ID: 227411

Provider Gender: Male

License Number: G20087

NPI: 1982617494

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP


 4050 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)
662-4100


 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY


GOMEZ, DANIELA

Provider ID: 227411

Provider Gender: Female

License Number: A175006

NPI: 1255878997

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

OBSTETRICS / GYNECOLOGY


GOMEZ, DANIELA


Provider ID: 206292

Provider Gender: Female

License Number: A175006

NPI: 1255878997

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center


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

Provider ID: 227411

Provider Gender: Female

License Number: C143625

NPI: 1285604702

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, SUTTER MEDICAL



CENTER SACRAMENTO

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

OBSTETRICS / GYNECOLOGY

MENDEZ, DIEGO

Provider ID: 227411

Provider Gender: Male

License Number: A47906

NPI: 1437181922

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA, BAKERSFIELD

MEMORIAL HOSP, SHARP

MEMORIAL HOSPITAL,

Adventist Health Bakersfield,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL, KERN MEDICAL


CENTER, KERN MEDICAL


CENTER


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

SEFA-BOAKYE, KOFI

Provider ID: 206292

Provider Gender: Male

License Number: G59670

NPI: 1902993660

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SHARP CORONADO HOSP


AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL

CHULA VISTA


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

SHORT, ABIADÉ

Provider ID: 206292

Provider Gender: Male

License Number: A114893

NPI: 1750559589

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

/clinics/san-ysidro-health
-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OPHTHALMOLOGY


SKAF, AYHAM

Provider ID: 227469

Provider Gender: Male

License Number: A120584

NPI: 1285888628

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL


CENTRO REGIONAL MEDICAL
CENTER, SHARP MEMORIAL


HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS


ACEVEDO, SUSANA

Provider ID: 227411

Provider Gender: Female

License Number: A74960


NPI: 1801971569


 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS


BARBADILLO, FERDINAND

Provider ID: 206292

Provider Gender: Male

License Number: A49307

NPI: 1982662193

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog


Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR

Board Certified Specialty: No
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-TU
8:30AM-5:30PM

PEDIATRICS

BARBADILLO, FERDINAND


Provider ID: 227411

Provider Gender: Male

License Number: A49307

NPI: 1982662193

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N





Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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/clinic/s/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

Provider ID: 227411

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN


DIEGO

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinic

s/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS


CHAIT LLAMAS, LWBBA

Provider ID: 227411

Provider Gender: Female

License Number: A138938

NPI: 1134567530

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: PIONEERS


MEMORIAL HOSPITAL


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinic/s/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

FUJII, CINDY

Provider ID: 227411

Provider Gender: Female

License Number: G52183

NPI: 1871664821

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinic/s/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

Provider ID: 206292

Provider Gender: Female

License Number: C51110

NPI: 1508904657

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Faroese, Farsi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

Provider ID: 227411

Provider Gender: Female

License Number: A72721

NPI: 1518970037

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No
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

PEDIATRICS

NISSAN, BETI

Provider ID: 206292

Provider Gender: Female

License Number: A64487

NPI: 1396705299

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi, Persian

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, HOLLYWOOD PRESBYTERIAN MED CTR, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
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

PEDIATRICS

PIANSAY, MARIA CORAZON

Provider ID: 206292

Provider Gender: Female

License Number: A93785

NPI: 1669680351

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

/clinics/san-ysidro-health
-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS


RODRIGUEZ, ALDO


Provider ID: 227411

Provider Gender: Male

License Number: A134995

NPI: 1508209651

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Portuguese,
Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinic
s/maternal-child-health-
center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

PEDIATRICS

RUELAS, ROBERTO

Provider ID: 227411

Provider Gender: Male


License Number: A170141


NPI: 1194257386


 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinic
s/maternal-child-health-
center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS


SAHMS, TIMOTHY

Provider ID: 206292

Provider Gender: Male

License Number: G51462

NPI: 1780697276

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100


 Website: www.syhealth.org
/clinics/san-ysidro-health
-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-7:30PM
SA 8:30AM-2PM

PEDIATRICS

SAHMS, TIMOTHY

Provider ID: 227411

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

PEDIATRICS

SHAHIDYAZDANI, TINA

Provider ID: 227411

Provider Gender: Female

License Number: A94813

NPI: 1891924858

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PEDIATRICS

SULLIVAN, ELISSA

Provider ID: 227411

Provider Gender: Female

License Number: A169577

NPI: 1790216422

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

PEDIATRICS

TAYLOR, TASHA

Provider ID: 227411

Provider Gender: Female

License Number: A82187

NPI: 1528144433

Provider English Spoken: Y
Provider Language(s)

Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, 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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

BUCKNER, JOSEPH

Provider ID: 206292

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)



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

PHYSICIANS ASSISTANT

GI, HUNG







Provider ID: 206292
 Provider Gender: Male
 License Number: PA16994
 NPI: 1023207404
 Provider English Spoken: Y
 Provider Language(s) Spoken: Chinese, French, Spanish
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

HARMIS, NATASHA

Provider ID: 227469
 Provider Gender: Female
 License Number: PA58672
 NPI: 1013516996
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: <https://www.syhealth.org/locations>
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

PHYSICIANS ASSISTANT

KAMOTO, LYNN



Provider ID: 206292
 Provider Gender: Female
 License Number: PA17162
 NPI: 1447326459
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
 SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER


PHYSICIANS ASSISTANT

PORTO MADURSKI, KRISTINE

Provider ID: 227411
 Provider Gender: Female
 License Number: PA16269
 NPI: 1053403782
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

ROSS, COLLIN

Provider ID: 206292

Provider Gender: Male

License Number: PA16058

NPI: 1629182050


Provider English Spoken: Y


Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

SHARPE, NORMA

Provider ID: 206292

Provider Gender: Female

License Number: PA20490


NPI: 1619100237


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

SMITH, DOUGLAS

Provider ID: 206292

Provider Gender: Male


License Number: PA12304


NPI: 1902016611


Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

SUNA-SITTO, MOHEEN

Provider ID: 227469

Provider Gender: Female

License Number: PA22855


NPI: 1497196729


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

TRUJILLO, MIGUEL

Provider ID: 206292

Provider Gender: Male

License Number: PA15656

NPI: 1285806794

Provider English Spoken: Y

Provider Language(s)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

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

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PODIATRIST

MANCHEL, BRUCE

Provider ID: 227469
Provider Gender: Male
License Number: DPM2930
NPI: 1790890788
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
3364 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100

After Hours Phone: (619) 662-4100
Website: <https://www.syhealth.org/locations>
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

PODIATRIST

MANCHEL, BRUCE

Provider ID: 206292
Provider Gender: Male
License Number: DPM2930
NPI: 1790890788
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
Fax: (619) 205-6341
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

REGISTERED PHYSICAL THERAPIST

SHAUF, JOANN

Provider ID: 206292
Provider Gender: Female
License Number: PT296607
NPI: 1134732522
Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER


SPEECH PATHOLOGIST

HILL, CARLA

Provider ID: 206292
Provider Gender: Female
License Number: SP9075
NPI: 1043950751






اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

SURGERY GENERAL

OKWUOSA, CHRIS

Provider ID: 206292
Provider Gender: Male
License Number: A170738
NPI: 1114336260
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Providence
St Mary Medical Center
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center



- 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

Provider ID: 520609
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
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



Provider ID: 520609
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








Provider ID: 520609
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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



FQHC

SAN YSIDRO HEALTH SANTEE FAMILY MEDICINE,






Provider ID: 520609
 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
 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


Provider ID: 520609
 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
 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

Provider ID: 520609
 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
 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

Provider ID: 615945
 Provider Gender: Female
 NPI: 1568721934
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Tagalog
 Cultural Competency: N
 Hospital Affiliation: UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 9600 CUYAMACA ST STE
 101
 SANTEE, CA 92071

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Phone: (619) 749-2150
Fax: (619) 456-9744

 After Hours Phone: (619) 749-2150


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

PEDIATRICS

IKE, ERICA

Provider ID: 520609

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

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

Provider ID: 366456

Provider Gender: Female

NPI: 1417177577

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT

HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 9600 CUYAMACA ST STE 101
SANTEE, CA 92071

 Phone: (619) 749-2150

Fax: (619) 456-9744

 After Hours Phone: (619) 749-2150


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SPRING VALLEY

CERTIFIED NURSE

PRACTITIONER

LEONARD, BEVERLY

Provider ID: 206361

Provider Gender: Female

License Number: NP10943

NPI: 1285772392

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619) 515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE

PRACTITIONER

WILLIAMS, TAKISHA


Provider ID: 206361

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: N
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

BACHARACH, REBECCA

Provider ID: 206361

Provider Gender: Female

License Number: 20A15459

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

Provider ID: 206361

Provider Gender: Male

License Number: A55932

NPI: 1962436451

Provider English Spoken: Y

Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)
515-2555

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

Provider ID: 206361

Provider Gender: Female

License Number: A149063

NPI: 1366824971

Provider English Spoken: Y

Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)
515-2555

Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8:30AM-5:30PM
TU 8:30AM-7PM

W-F 8:30AM-5:30PM

FAMILY PRACTICE

ROSE, PATRICIA

Provider ID: 206361

Provider Gender: Female

License Number: A76059






NPI: 1588677314

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

8788 JAMACHA RD
SPRING VALLEY, CA 91977

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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: 206361
 NPI: 1508801069
 Provider English Spoken: Y
 Cultural Competency: N
 FAMILY HEALTH CENTERS OF SAN DIEGO
 8788 JAMACHA RD
 SPRING VALLEY, CA 91977
 Phone: (619) 515-2555
 Fax: (619) 462-5584
 After Hours Phone: (619) 515-2555
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 206361
 Provider Gender: Female
 License Number: A68463
 NPI: 1376663831
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 8788 JAMACHA RD
 SPRING VALLEY, CA 91977
 Phone: (619) 515-2555
 After Hours Phone: (619) 515-2555
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY


CARTER, KHALIL

Provider ID: 206361

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI


CITY MEDICAL CTR


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

 8788 JAMACHA RD
 SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619) 515-2555


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM
 TU 8:30AM-7PM

W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 206361


Provider Gender: Female

License Number: A163464


NPI: 1326531401


 Provider English Spoken: Y


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 206361

Provider Gender: Male


License Number: A108228

NPI: 1629277322

 *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)

515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY


DORUELO, ASHLEY


Provider ID: 206361

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 *Provider English Spoken: Y*

 *Provider Language(s)*

Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 206361

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 *Provider English Spoken: Y*

 *Provider Language(s)*
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No
FAMILY HEALTH CENTERS OF
SAN DIEGO

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206361


Provider Gender: Female

License Number: A72005

NPI: 1649208711

 *Provider English Spoken: Y*


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CORONADO HOSP AND
 HEALTHCARE CTR, SCRIPPS
 MERCY HOSPITAL,
 GROSSMONT HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 8788 JAMACHA RD
 SPRING VALLEY, CA 91977
 Phone: (619) 515-2555
 After Hours Phone: (619)
 515-2555
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
 PROVIDER

 Hours: M 8:30AM-5:30PM
 TU 8:30AM-7PM
 W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY


SAPRA, SONIA


Provider ID: 206361

Provider Gender: Female

License Number: A164859

NPI: 1952751711


 Provider English Spoken: Y


 Provider Language(s)
 Spoken: Hindi


Cultural Competency: N

Hospital Affiliation: SCRIPPS
 MERCY HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 8788 JAMACHA RD
 SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
 515-2555

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
 PROVIDER

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 206361

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198


 Provider English Spoken: Y
 Cultural Competency: N


Hospital Affiliation: Sharp

Grossmont Hospital

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 8788 JAMACHA RD
 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

ZIEG, ALAN

Provider ID: 206361

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA

Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF
 SAN DIEGO

 8788 JAMACHA RD
 SPRING VALLEY, CA 91977

 Phone: (619) 515-2555



 After Hours Phone: (619)
 515-2555

 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):






اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
 إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على
 blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 9AM-5PM

PEDIATRICS

JI, AMANDA


Provider ID: 206361
 Provider Gender: Female
 License Number: A169342
 NPI: 1750745493
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 8788 JAMACHA RD
 SPRING VALLEY, CA 91977
 Phone: (619) 515-2555
 After Hours Phone: (619) 515-2555
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER



PHYSICIANS ASSISTANT

LOPEZ, MARIO

Provider ID: 206361
 Provider Gender: Male



License Number: PA21385
 NPI: 1932335080
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 8788 JAMACHA RD
 SPRING VALLEY, CA 91977
 Phone: (619) 515-2555
 After Hours Phone: (619) 515-2555
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER
 Hours: M 8:30AM-5:30PM
 W-F 8:30AM-5:30PM



PHYSICIANS ASSISTANT

TRAN, TU-UYEN

Provider ID: 206361
 Provider Gender: Female
 License Number: PA54588
 NPI: 1598293748
 Provider English Spoken: Y
 Provider Language(s) Spoken: Vietnamese
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO

 8788 JAMACHA RD
 SPRING VALLEY, CA 91977

 Phone: (619) 515-2555
 After Hours Phone: (619) 515-2555
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M 8:30AM-5:30PM
 TU 8:30AM-7PM
 W-F 8:30AM-5:30PM

PHYSICIANS ASSISTANT

TURNER, ERIC

Provider ID: 206361
 Provider Gender: Male
 License Number: PA55067
 NPI: 1669756128
 Provider English Spoken: Y
 Cultural Competency: N
 Board Certified Specialty: No
 FAMILY HEALTH CENTERS OF SAN DIEGO
 8788 JAMACHA RD
 SPRING VALLEY, CA 91977
 Phone: (619) 515-2555
 After Hours Phone: (619) 515-2555
 Website: www.fhcsd.org
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

8:30AM-5:30PM

VALLEY CENTER

CLINIC OUTPATIENT

NEIGHBORHOOD

HEALTHCARE,


Provider ID: 519918

NPI: 1437335148

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750

After Hours Phone: (760)
742-9919

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

AYON MARTINEZ, CARLOS

Provider ID: 519918

Provider Gender: Male

License Number: A114419

NPI: 1154583128

Provider English Spoken: Y


Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

After Hours Phone: (760)
742-9919

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

CASTANER, ZALYA

Provider ID: 519918

Provider Gender: Female

License Number: A139490


NPI: 1487072179

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082

 Phone: (760) 742-9912

After Hours Phone: (760)
742-9912

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

FAMILY PRACTICE

SCHULTZ, JAMES

Provider ID: 519918

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y


Provider Language(s)
Spoken: Farsi, Greek,
Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
PALOMAR MEDICAL CENTER
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

After Hours Phone: (760)
742-9919

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FQHC

NEIGHBORHOOD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

HEALTHCARE,


Provider ID: 519918

NPI: 1437335148

 Provider English Spoken: Y
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

Fax: (360) 462-2750

 After Hours Phone: (760)
742-9919

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM


PEDIATRICS

CRAYCHEE, LEO

Provider ID: 71887

Provider Gender: Male

NPI: 1265432710

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO


Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK


 28714 VALLEY CENTER RD


STE L

VALLEY CENTER, CA 92082

 Phone: (760) 749-7770

Fax: (760) 751-9988

 After Hours Phone: (760)
749-7770

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8:30AM-5PM

PHYSICIANS ASSISTANT


AGUEY, OMAR

Provider ID: 519918

Provider Gender: Male

License Number: PA18708

NPI: 1851479372

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082

 Phone: (760) 742-9919

 After Hours Phone: (760)
742-9919

 Website: N/A

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

VISTA

CERTIFIED NURSE

PRACTITIONER

HALGEDAHL, YI TING


Provider ID: 400339

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, Mandarin


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD

VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M 8AM-5PM

TU 10:30AM-7:30PM

W-F 8AM-5PM

CERTIFIED NURSE

PRACTITIONER

KELLEHER, BRIDGET

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

Provider ID: 400339
Provider Gender: Female
License Number: NP95003447
NPI: 1245695006

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD
VISTA, CA 92083
 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM

CERTIFIED NURSE PRACTITIONER

WILLIAMS, JINA

Provider ID: 400339
Provider Gender: Female
License Number: NP95020624
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

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CHIROPRACTOR

JU, NATHANIEL

Provider ID: 400339
Provider Gender: Male
License Number: DC32054
NPI: 1972883882

Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese

Cultural Competency: N
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD
VISTA, CA 92083
 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM

FAMILY PRACTICE

ESPINOSA-SILVA, YAMINAH

Provider ID: 400339
Provider Gender: Female
License Number: 20A12958
NPI: 1003172016

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS, TRI CITY MEDICAL
CTR

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD
VISTA, CA 92083
 Phone: (760) 631-5000
 After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

FAMILY PRACTICE

KETCHEL, CLINT

Provider ID: 400339

Provider Gender: Male

License Number: A135564

NPI: 1699038125

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic, Spanish,
Syriac

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
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

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: 411518

NPI: 1851300123

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

105 DURIAN ST STE A
VISTA, CA 92083

Phone: (844) 308-5003

Fax: (760) 414-3892

After Hours Phone: (844)
308-5003

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TU 8:30AM-5PM
TH-F 8:30AM-5PM

FQHC

VISTA COMMUNITY CLINIC

GRAPEVINE,

Provider ID: 400339

NPI: 1851300123

Provider English Spoken: Y
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM

INTERNAL MEDICINE

COPELAND, ARDETH

Provider ID: 687778

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-TH 9AM-8PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F 9AM-5PM
SA 9AM-4PM

PEDIATRICS

AMBO, STANLEY

Provider ID: 52269

Provider Gender: Male

NPI: 1891735676

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

2067 W VISTA WAY STE 180
VISTA, CA 92083

Phone: (760) 945-3434

Fax: (760) 945-6761

After Hours Phone: (760)
945-3434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

PEDIATRICS

ASSELIN, LYNETTE

Provider ID: 65507

Provider Gender: Female

NPI: 1053484568

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

2067 W VISTA WAY STE
280

VISTA, CA 92083

Phone: (760) 941-3630

Fax: (760) 941-1214

After Hours Phone: (760)
941-3630

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-6PM
SA 9AM-1PM

PEDIATRICS

HARTFORD, NICOLE

Provider ID: 411518

Provider Gender: Female

License Number: 20A14390

NPI: 1346530466

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

105 DURIAN ST STE A
VISTA, CA 92083

Phone: (844) 308-5003

After Hours Phone: (844)
308-5003

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

PEDIATRICS

KRAK, MICHAEL

Provider ID: 23455

Provider Gender: Male

NPI: 1003989419

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, TRI CITY MEDICAL

CTR

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH
NETWORK

2067 W VISTA WAY STE
280

VISTA, CA 92083

Phone: (760) 941-3630

Fax: (760) 941-1214

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

C. دليل الرعاية الأولية

☎ After Hours Phone: (760) 941-3630

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-6PM SA 9AM-1PM

PEDIATRICS

LUSCHWITZ, BRIAN

Provider ID: 400339

Provider Gender: Male

License Number: A60517

NPI: 1205868510

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

📍 134 GRAPEVINE RD VISTA, CA 92083

☎ Phone: (760) 631-5000

☎ After Hours Phone: (760) 631-5000

🌐 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 8AM-5PM TU 10:30AM-7:30PM W-F 8AM-5PM

PEDIATRICS

NAUDIN, VERONICA

Provider ID: 84118

Provider Gender: Female

NPI: 1093755878

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

📍 2067 W VISTA WAY STE 180 VISTA, CA 92083

☎ Phone: (760) 945-3434

Fax: (760) 945-6761

☎ After Hours Phone: (760) 945-3434

🌐 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

SA 8AM-12PM

PEDIATRICS

NISHIKAWA, MOENA

Provider ID: 689220

Provider Gender: Female

NPI: 1407434533

Provider English Spoken: Y

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\19

American Sign Language (ASL):

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

PEDIATRICS

PERTL, URSULA

Provider ID: 593894

Provider Gender: Female

NPI: 1609947464

Provider English Spoken: Y

Provider Language(s) Spoken: German, Spanish

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: SU 10AM-2PM
 M-F 8AM-5PM
 SA 8AM-12PM

PEDIATRICS

RONAN, KEVIN

Provider ID: 400339

Provider Gender: Male

License Number: G77176

NPI: 1225017353

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD VISTA, CA 92083

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M 8AM-5PM
 TU 10:30AM-7:30PM
 W-F 8AM-5PM

PHYSICIANS ASSISTANT

WEAVER, APRIL

Provider ID: 400339

Provider Gender: Female

License Number: PA20775

NPI: 1063552800

Provider English Spoken: Y

Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD VISTA, CA 92083

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH 9AM-2PM
 F 8AM-5PM
 SA 8AM-4PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

OPTOMETRIST

AOTO, KIM

Provider ID: 268720

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)

898-2020

Provider Gender: Female

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PSYCHOLOGIST

TORRES, RANDALL

Provider ID: 306854

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1871696435

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):
N

Accessibility: CONTACT

PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

BRAWLEY

PEDIATRIC CARDIOLOGY

SILVASEPULVEDA, JOSE

Provider ID: 256218

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

207 W LEGION RD
BRAWLEY, CA 92227

Phone: (760) 351-3291

After Hours Phone: (760)
351-3291

Provider Gender: Male

NPI: 1417222472

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

THANGARAJAH, HARIHARAN

Provider ID: 256195

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

207 W LEGION RD
BRAWLEY, CA 92227

Phone: (760) 351-7643

After Hours Phone: (760) 351-7643

Provider Gender: Male

NPI: 1598979593

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

CAMPO

FAMILY PRACTICE

BAUM, PETER

Provider ID: 296383

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 824-9071

After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1174919971

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: SU 10AM-4PM

M-F 8:30AM-5:30PM

SA 8AM-2:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

ROGERS, MATTHEW

Provider ID: 294843

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 824-9071

After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1639606130

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CARLSBAD

CERTIFIED NURSE PRACTITIONER

HOOPER, BONNIE

Provider ID: 275252

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

6010 HIDDEN VALLEY RD
STE 120

CARLSBAD, CA 92011

Phone: (760) 884-5990

Fax: (760) 448-4404

After Hours Phone: (760) 884-5990

Provider Gender: Female

NPI: 1821062878

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

PROVIDER
⌚ Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

RICE, ELIZABETH

Provider ID: 304664
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

☎ Phone: (760) 631-3000

Fax: (760) 631-3016

📞 After Hours Phone: (760)
631-3000

Provider Gender: Female

NPI: 1902470537

📄 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

⌚ Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

DERMATOLOGY

ZUBAIR, RAHEEL

Provider ID: 306519

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 6010 HIDDEN VALLEY RD
STE 120

CARLSBAD, CA 92011

☎ Phone: (760) 448-4484

Fax: (760) 448-4404

📞 After Hours Phone: (760)
448-4484

Provider Gender: Male

NPI: 1326493024

📄 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

⌚ Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

FAMILY PRACTICE

CHAVEZSANTOS, MARIA

Provider ID: 307651

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1295 CARLSBAD VILLAGE
DR STE 100

CARLSBAD, CA 92008

☎ Phone: (760) 736-6767

Fax: (760) 720-7204

📞 After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1780061440

📄 Provider English Spoken: Y

📄 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

⌚ Hours: M-F 8AM-8PM
SA 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

HEARING AID DEALER / SUPPLIER

DAVIS, KELLE

Provider ID: 268654

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 1820 MARRON RD STE 102
CARLSBAD, CA 92008

☎ Phone: (760) 434-0125

Fax: (760) 434-4531

📞 After Hours Phone: (760)
434-0125

Provider Gender: Female

NPI: 1902853344

📄 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

⌚ Hours: M-F 8:30AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
HOSPITAL, SOUTHWEST
HEALTHCARE RANCHO
SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
IHP OF SOUTHERN CAL-PHP
2390 FARADAY AVE
CARLSBAD, CA 92008
Phone: (858) 909-0770
Fax: (858) 909-0880

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

BLASKIEWICZ, DONALD

Provider ID: 270283

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 6010 HIDDEN VALLEY RD
STE 200

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
Min/Max Age: 18\100
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 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

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

CERTIFIED NURSE PRACTITIONER

BRAYTENBAH, MELANIE


Provider ID: 295830

Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 752 MEDICAL CENTER CT
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)
421-3361

Provider Gender: Female

NPI: 1508370875

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

CERTIFIED NURSE PRACTITIONER

BRAYTENBAH, MELANIE

Provider ID: 262342


Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

 752 MEDICAL CENTER CT
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)
421-3361

Provider Gender: Female

NPI: 1508370875


 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

CERTIFIED NURSE PRACTITIONER

BRAYTENBAH, MELANIE


Provider ID: 268746

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 752 MEDICAL CENTER CT
STE 302

CHULA VISTA, CA 91911


 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)
421-3361

Provider Gender: Female

NPI: 1508370875

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

CERTIFIED NURSE PRACTITIONER

CARRION GELABERT, ANA


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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-5PM

🌐 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 PROVIDER

🕒 Hours: M-F
8:30AM-5:30PM

SA 8:30AM-2:30PM

🌐 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

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

CERTIFIED NURSE PRACTITIONER

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

CERTIFIED NURSE PRACTITIONER

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

EMERGENCY MEDICINE

PHAM, LILY

Provider ID: 304935

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

386 E H ST STE 202
CHULA VISTA, CA 91910

Phone: (858) 966-1720

Fax: (858) 966-1725

After Hours Phone: (858)
966-1720

Provider Gender: Female

NPI: 1811423072

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):


N

Accessibility: CONTACT
PROVIDER

Hours: SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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

DEIS, CRISTINA

Provider ID: 302757
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 1637 3RD AVE STE H
CHULA VISTA, CA 91911

 Phone: (619) 662-4100
Fax: (619) 662-4196

 After Hours Phone: (619) 662-4100

Provider Gender: Female
NPI: 1639478811

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A

IPA: Rady Childrens Health
Network


FAMILY PRACTICE

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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: 245576

Board Certified Specialty: Yes
COMMUNITY CARE IPA LLC

📍 765 MEDICAL CENTER CT
STE 211

CHULA VISTA, CA 91911

☎ Phone: (619) 616-2100

Fax: (619) 616-2104

☎ After Hours Phone: (619) 616-2100

Provider Gender: Male

NPI: 1831393289

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

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

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 298442
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 754 MEDICAL CENTER CT
 STE 101
 CHULA VISTA, CA 91911
 Phone: (619) 434-4208
 Fax: (619) 434-4315
 After Hours Phone: (619)
 434-4208
 Provider Gender: Male
 NPI: 1386821460
 Provider English Spoken: Y
 Provider Language(s)

Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR,
 SHARP MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 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: 295846
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 765 MEDICAL CENTER CT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

STE 211
CHULA VISTA, CA 91911
☎ Phone: (619) 616-2100
☎ Fax: (619) 616-2104
🕒 After Hours Phone: (619) 616-2100
Provider Gender: Female
NPI: 1811307051
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital, SHARP
CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 15\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI
Provider ID: 296051
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 765 MEDICAL CENTER CT
STE 211
CHULA VISTA, CA 91911
☎ Phone: (619) 616-2100
☎ Fax: (619) 616-2104
🕒 After Hours Phone: (619) 616-2100

Provider Gender: Female
NPI: 1811307051
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital, SHARP
CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 15\99
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

HOSPITAL SAN DIEGO,
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, UCSD Medical Group


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


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

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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 0\19

American Sign Language (ASL): Sharp Grossmont Hospital,
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network

MATERNAL AND FETAL MEDICINE


WESTERMANN, MELISSA

Provider ID: 242523


Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 386 E H ST STE 202

CHULA VISTA, CA 91910

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1760730758

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
EARL AND LORRAINE MILLER
CHILDRENS HSP, LONG
BEACH MEMORIAL MED CTR,
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, SHARP
MEMORIAL HOSPITAL,

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين





 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network





NEONATAL / PERINATAL MEDICINE

NIEMI, ANNA-KAISA

Provider ID: 262159
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 435 H ST
 CHULA VISTA, CA 91910
 Phone: (858) 966-5818
 Fax: (858) 966-7483
 After Hours Phone: (858) 966-5818
 Provider Gender: Female
 NPI: 1497941397
 Provider English Spoken: Y
 Provider Language(s) Spoken: Finnish, French, German, Spanish, Swedish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):  Accessibility: CONTACT




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\19
 American Sign Language (ASL): N
 Accessibility: CONTACT

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


MEMORIAL HOSPITAL ENCINITAS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network


NEPHROLOGY

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.c
om


NEPHROLOGY

HOREISH, ADAM


Provider ID: 99947

Board Certified Specialty: No
BALBOA NEPHROLOGY MED
GRP INC

 340 4TH AVE STE 4
CHULA VISTA, CA 91910



 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619)
427-1144

Provider Gender: Male

NPI: 1760461206

 Provider English Spoken: Y
 Provider Language(s)

Spoken: Arabic, Spanish
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP,

Imperial Health Holdings
Medical Group-SD


NEPHROLOGY

HOREISH, ADAM


Provider ID: 99947

Board Certified Specialty: No
BALBOA NEPHROLOGY MED
GRP INC

 340 4TH AVE STE 4
CHULA VISTA, CA 91910



 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619)
427-1144

Provider Gender: Male

NPI: 1760461206

 Provider English Spoken: Y
 Provider Language(s)

Spoken: Arabic, Spanish
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP,

Imperial Health Holdings
Medical Group-SD

NEPHROLOGY

HOREISH, ADAM

Provider ID: 290100

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

340 4TH AVE STE 4
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)
427-1144

Provider Gender: Male

NPI: 1760461206

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL,
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

NEPHROLOGY

PATEL, AMAR

Provider ID: 245639

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

340 4TH AVE STE 4

CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)
427-1144

Provider Gender: Male

NPI: 1821359605

Provider English Spoken: Y

Provider Language(s)
Spoken: Gujarati, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

NEPHROLOGY

PHAM, JENNIFER

Provider ID: 302863

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

340 4TH AVE STE 4
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)
427-1144

Provider Gender: Female

NPI: 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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




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

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N




 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-6PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

ATIGA, SCHUBERT




Provider ID: 290331
 Board Certified Specialty: Yes
 IHP OF SOUTHERN CAL-PHP
 752 MEDICAL CENTER CT
 STE 106
 CHULA VISTA, CA 91911
 Phone: (619) 482-8406
 Fax: (619) 482-6656
 After Hours Phone: (619)
 482-8406
 Provider Gender: Male
 NPI: 1033138714
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish, Tagalog
 Cultural Competency: N
 Hospital Affiliation: SHARP
 CHULA VISTA MED CTR
 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




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

OCCUPATIONAL THERAPIST

MORRIS, SHEILA




Provider ID: 268926
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 1020 TIERRA DEL REY STE
 A-1
 CHULA VISTA, CA 91910
 Phone: (619) 585-7104
 Fax: (619) 585-7106
 After Hours Phone: (619)
 585-7104

Provider Gender: Female
 NPI: 1689039877
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 7AM-6PM
 SA 7AM-2PM
 Website: N/A
 IPA: Community Care IPA LLC

OPHTHALMOLOGY

GOLDMAN, DAVID

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open 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

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-TH 8AM-5PM
F 8AM-4PM

 Website: N/A

IPA: Community Care IPA LLC


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







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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):
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

KOO, ANITA


Provider ID: 304830
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: 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




MASCARENO, EFRAIN

Provider ID: 268680
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 440 4TH AVE STE 9
CHULA VISTA, CA 91910
 Phone: (619) 427-2020
Fax: (866) 254-5707
 After Hours Phone: (619)
427-2020
Provider Gender: Male
NPI: 1457507279

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL):
N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 9AM-6PM*
 *Website: N/A*
IPA: Community Care IPA LLC, Imperial Health Holdings Medical Group-SD


OPTOMETRIST

MASCARENO, EFRAIN
Provider ID: 268679
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 2260 OTAY LAKES RD STE 111
 CHULA VISTA, CA 91915
 *Phone: (619) 421-5550*
Fax: (866) 254-5707
 *After Hours Phone: (619) 421-5550*
Provider Gender: Male
NPI: 1457507279
 *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) 422-0450

 *After Hours Phone: (619) 422-1471*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider Gender: Female

NPI: 1326323627

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog,
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

OPTOMETRIST

NGUYEN, THU

Provider ID: 298022

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-0450

After Hours Phone: (619)
422-1471

Provider Gender: Female

NPI: 1326323627

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog,
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

OPTOMETRIST

NGUYEN, THU

Provider ID: 265518

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-0450

After Hours Phone: (619)
422-1471

Provider Gender: Female

NPI: 1326323627

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog,
Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

OPTOMETRIST

RICHARDSON, JULIA

Provider ID: 297645

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-2025

After Hours Phone: (619)
422-1471

Provider Gender: Female

NPI: 1770154528

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

OPTOMETRIST

SCOVILL, ALEXANDRA

Provider ID: 297625

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IHP OF SOUTHERN CAL-PHP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 422-0114

After Hours Phone: (619) 422-1471

Provider Gender: Female

NPI: 1184146094

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

OPTOMETRIST

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: 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: 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

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:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


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 ALLERGY / IMMUNOLOGY

COLLINS, CATHLEEN

Provider ID: 311811

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: 1205128089

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LUCILE

SALTER PACKARD

CHILDRENS HOSP, Stanford
Health Care, RADY


CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE

AGHILI, ROXANA

Provider ID: 303782

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 386 E H ST STE 202
CHULA VISTA, CA 91910

 Phone: (858) 966-1720


Fax: (858) 966-1725

 After Hours Phone: (858)
966-1720

Provider Gender: Female

NPI: 1851927883

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER
FOUNDATION HOSPITAL SAN
DIEGO, RADY CHILDRENS
HOSPITAL SAN DIEGO

























Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<p>N  Accessibility: CONTACT PROVIDER  Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM  Website: N/A IPA: Rady Childrens Health Network</p>	<p>PROVIDER  Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM  Website: N/A IPA: Rady Childrens Health Network</p>	<p>Network</p> <hr/> <p align="center"><u>PEDIATRIC EMERGENCY MEDICINE</u></p> <hr/> <p>GORHAM, LAURA Provider ID: 275787 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>
<hr/> <p align="center"><u>PEDIATRIC EMERGENCY MEDICINE</u></p> <hr/> <p>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 Cultural Competency: N Hospital Affiliation: CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N</p>	<hr/> <p align="center"><u>PEDIATRIC EMERGENCY MEDICINE</u></p> <hr/> <p>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\19 American Sign Language (ASL): N</p>	 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
<p> Accessibility: CONTACT</p>	<p> Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: Rady Childrens Health</p>	<p> Accessibility: CONTACT PROVIDER  Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM  Website: N/A IPA: Rady Childrens Health Network</p> <hr/> <p align="center"><u>PEDIATRIC EMERGENCY MEDICINE</u></p> <hr/>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

MEENDES, CHANTAL

Provider ID: 295669

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

386 E H ST STE 202
CHULA VISTA, CA 91910

Phone: (858) 966-1720

Fax: (858) 966-1725

After Hours Phone: (858)
966-1720

Provider Gender: Female

NPI: 1134681265

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

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: No

Min/Max Age: 0\None

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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: (760) 607-5350

Fax: (760) 607-5365

 After Hours Phone: (760)
607-5350

Provider Gender: Male

NPI: 1407052459

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, PALOMAR MEDICAL
CENTER

Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


PHYSICIANS ASSISTANT

GI, HUNG


Provider ID: 302126

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 280 E ST
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


Fax: (619) 662-4196

 After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1023207404

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, French,
Spanish


Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PHYSICIANS ASSISTANT

GUTH, CARA

Provider ID: 299110

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 480 4TH AVE STE 501
CHULA VISTA, CA 91910

 Phone: (619) 425-9510

Fax: (858) 455-7197

 After Hours Phone: (619)
425-9510

Provider Gender: Female

NPI: 1992177182


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


PHYSICIANS ASSISTANT

INDA, PRISCILLA

Provider ID: 309072

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 429 BROADWAY
CHULA VISTA, CA 91910


 Phone: (619) 434-0204

Fax: (619) 337-0191

 After Hours Phone: (619)
434-0204


Provider Gender: Female




NPI: 1679008379

 Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



D. دليل مقدمي الخدمات المتخصصين



 *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) 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: 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

VARGAS, CHRISTOPHER

Provider ID: 295945
Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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\19



American Sign Language (ASL):
N


Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين






PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP







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) 727-3481
 Fax: (619) 420-7087
 After Hours Phone: (619) 727-3481
 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): N
 N
 Accessibility: CONTACT PROVIDER








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) 727-3481
 Fax: (619) 420-7087
 After Hours Phone: (619) 727-3481
 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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-5PM

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL): Board Certified Specialty: No
N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-8PM
SA 8AM-4PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

GALLO, LINDA

Provider ID: 296782
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
780 BAY BLVD STE 200
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 240-7852
After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1427773621
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

GOULD, HILARY

Provider ID: 290467

IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 271-0260
After Hours Phone: (619)
662-4100

Provider Gender: Female
NPI: 1104297696
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

WIJAYARATNE, IMANIE

Provider ID: 290092
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
Fax: (619) 245-1184
After Hours Phone: (619)
662-4100

Provider Gender: Female
NPI: 1932358355
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 5\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP




RADIATION ONCOLOGY



CARMONA, RUBEN

Provider ID: 303101
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
769 MEDICAL CENTER CT
CHULA VISTA, CA 91911
Phone: (858) 939-5010
Fax: (619) 740-8499
After Hours Phone: (858)
939-5010
Provider Gender: Male
NPI: 1275929242
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR, Sharp
Grossmont Hospital, SHARP
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL):  Hours: M-F 8AM-5PM
N  Website: N/A
 Accessibility: CONTACT
PROVIDER
IPA: Community Care IPA LLC



 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
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: 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

CHENG, BRANDON

Provider ID: 307786
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 1392 E PALOMAR ST STE
503


CHULA VISTA, CA 91913
 Phone: (619) 482-3000
Fax: (619) 482-3001

 After Hours Phone: (619)
482-3000


Provider Gender: Male
NPI: 1336894724


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 7AM-7PM
F 7AM-5PM
SA 8AM-1PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

REGISTERED PHYSICAL THERAPIST


CHENG, BRANDON

Provider ID: 304529

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1392 E PALOMAR ST STE
503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)
482-3000

Provider Gender: Male

NPI: 1336894724

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-TH 7AM-7PM
F 7AM-5PM

SA 8AM-1PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


REGISTERED PHYSICAL THERAPIST

JAIN, ALEXANDRA

Provider ID: 305150

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 880 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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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 7AM-6PM

 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: 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 7AM-6PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

REGISTERED PHYSICAL

THERAPIST

NGUYEN, TIA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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: 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: 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 7AM-6PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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 7AM-6PM

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 PROVIDER

Hours: M-F 7AM-6PM

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\0

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


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)
 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

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)
 482-3000

Provider Gender: Male

NPI: 1760194302

 Provider English Spoken: Y
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL): **VAISMAN, SAMANTHA**

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

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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Fax: (818) 357-2505

After Hours Phone: (877)
757-8353

Provider Gender: Female

NPI: 1063660165

Provider English Spoken: Y
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Website: N/A
 IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC


KUSNEZOV, NICHOLAS

Provider ID: 303195


Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 750 MEDICAL CENTER CT
 STE 14

CHULA VISTA, CA 91911

 Phone: (858) 824-1703

Fax: (858) 455-6473

 After Hours Phone: (858)
 824-1703

Provider Gender: Male

NPI: 1396185161

 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, TRI CITY MEDICAL

CTR, PARADISE VALLEY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 Hours: M-F 8AM-4PM
 Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

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

CERTIFIED NURSE PRACTITIONER


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

CERTIFIED NURSE PRACTITIONER


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)
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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


 Phone: (619) 662-4100


Fax: (619) 205-6305

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1164812293

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Persian, Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

MANRIQUEZ, LISETTE

Provider ID: 307102

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD
EL CAJON, CA 92020


 Phone: (619) 662-4100


Fax: (619) 205-6305

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1760058911

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

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

 Phone: (619) 579-5115

Fax: (619) 749-6174

 After Hours Phone: (619)
579-5115

Provider Gender: Female

NPI: 1205130036

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<p> <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> 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 <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="clock"/> Hours: M-F 8:30AM-4:30PM <input type="website"/> Website: N/A IPA: Community Care IPA LLC, IHP of Southern Cal-PHP </p>	<p> MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="clock"/> Hours: M-F 8AM-5PM <input type="website"/> Website: N/A IPA: IHP of Southern Cal-PHP </p>	<p> UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 18\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="clock"/> Hours: M-F 8AM-5PM <input type="website"/> Website: N/A IPA: IHP of Southern Cal-PHP </p>
<hr/>		
<u>GASTROENTEROLOGY</u>		
NOVO, MEGAN		
<p> Provider ID: 296067 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="location"/> 2732 NAVAJO RD STE 200 EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 266-3332 Fax: (619) 266-6000 <input type="clock"/> After Hours Phone: (619) 266-3332 Provider Gender: Female NPI: 1770961971 <input type="checkbox"/> 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, </p>		
<hr/>		
<u>GASTROENTEROLOGY</u>		
CHAVEZ, LUIS		
<p> Provider ID: 311341 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP <input type="location"/> 2732 NAVAJO RD STE 200 EL CAJON, CA 92020 <input type="phone"/> Phone: (619) 416-3510 Fax: (619) 243-3216 <input type="clock"/> After Hours Phone: (619) 416-3510 Provider Gender: Male NPI: 1295224905 <input type="checkbox"/> Provider English Spoken: Y <input type="checkbox"/> Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS </p>		
<hr/>		
<u>HEARING AID DEALER / SUPPLIER</u>		
ANDERSON, ELAINE		
<p> Provider ID: 268692 Board Certified Specialty: No COMMUNITY CARE IPA LLC <input type="location"/> 1767 E MAIN ST EL CAJON, CA 92021 <input type="phone"/> Phone: (619) 440-6516 Fax: (619) 440-6547 <input type="clock"/> After Hours Phone: (619) 440-6516 Provider Gender: Female NPI: 1063558856 <input type="checkbox"/> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER <input type="clock"/> Hours: M-F 8AM-5PM <input type="website"/> Website: N/A </p>		

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1720497514

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

MICHAEL, RAMI

Provider ID: 294908

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1467871673

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Chaldean
Neo-Aramaic

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

MOHAMEDALI, BURHAN

Provider ID: 309247

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1625 E MAIN ST STE 201
EL CAJON, CA 92021

Phone: (619) 486-6512

Fax: (619) 486-6470

After Hours Phone: (619)
486-6512

Provider Gender: Male

NPI: 1831393289

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Accessibility: CONTACT PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC



INTERVENTIONAL CARDIOLOGY

SHEREV, DIMITRI

Provider ID: 302988
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 1380 EL CAJON BLVD
 EL CAJON, CA 92020
 Phone: (619) 867-0557
 After Hours Phone: (619)
 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

INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI




Provider ID: 295843
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1625 E MAIN ST STE 201
 EL CAJON, CA 92021
 Phone: (619) 486-6512
 Fax: (619) 616-2104
 After Hours Phone: (619)
 486-6512
 Provider Gender: Female
 NPI: 1811307051
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: Sharp
 Grossmont Hospital, SHARP
 CHULA VISTA MED CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 15\None
 American Sign Language (ASL):

N




 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI

Provider ID: 309095
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 1625 E MAIN ST STE 201
 EL CAJON, CA 92021
 Phone: (619) 486-6512
 Fax: (619) 616-2104
 After Hours Phone: (619)
 486-6512
 Provider Gender: Female
 NPI: 1811307051
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: Sharp
 Grossmont Hospital, SHARP
 CHULA VISTA MED CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 15\99
 American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
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




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 *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

OPTOMETRIST

AOTO, KIM
Provider ID: 268721
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 450 FLETCHER PKWY STE 112
 EL CAJON, CA 92020
 *Phone: (800) 898-2020*
Fax: (844) 897-3788
 *After Hours Phone: (800) 898-2020*
Provider Gender: Female
NPI: 1780935650
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Vietnamese*
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

OPTOMETRIST

KOO, ANITA
Provider ID: 306904
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 231 W MAIN ST
 EL CAJON, CA 92020
 *Phone: (619) 425-7755*
Fax: (619) 425-2138
 *After Hours Phone: (619) 425-7755*
Provider Gender: Female
NPI: 1669825667
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

NPI: 1700205895

Provider English Spoken: Y

Cultural Competency: N

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: 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

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

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

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT

LE, TAYLOR

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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) 785-3356
After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1568608636
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST








CASEY, SHANNON
Provider ID: 306785
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
215 W MADISON AVE
EL CAJON, CA 92020
Phone: (760) 737-6935
Fax: (760) 741-2782
After Hours Phone: (760) 737-6935
Provider Gender: Female
NPI: 1548873755
Provider English Spoken: Y
Provider Language(s) Spoken: Sign Language
Cultural Competency: N
Medi-Cal Open Panel: No
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9AM-7PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

PSYCHOLOGIST

CASEY, SHANNON
Provider ID: 290309
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
215 W MADISON AVE
EL CAJON, CA 92020




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين



 Phone: (760) 737-6935
Fax: (760) 741-2782
 After Hours Phone: (760) 737-6935
Provider Gender: Female
NPI: 1548873755
 Provider English Spoken: Y
 Provider Language(s) Spoken: Sign Language
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 9AM-7PM
 Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP




PSYCHOLOGIST

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-6PM
 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-6PM
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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-6PM
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

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-6PM
 Website: N/A
 IPA: Community Care IPA LLC, 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



American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

ANESTHESIOLOGY

KRAUSE, MARTIN
 Provider ID: 287653
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 1415 ROSS AVE
 EL CENTRO, CA 92243
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Male
 NPI: 1417243239
 Provider English Spoken: Y
 Provider Language(s) Spoken: German
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

ANESTHESIOLOGY

MINOKADEH, ANUSHIRVAN

Provider ID: 277351
Board Certified Specialty: Yes
UCSD MEDICAL GROUP
 1415 ROSS AVE
EL CENTRO, CA 92243
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273






Provider Gender: Male
NPI: 1053339093
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, TEMECULA
VALLEY HOSPITAL INC,
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

ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY




Provider ID: 308403
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 1500 S IMPERIAL AVE
EL CENTRO, CA 92243
 Phone: (760) 206-4105
Fax: (760) 610-0523
 After Hours Phone: (760)

206-4105

Provider Gender: Male
NPI: 1205949914
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

PITTMAN, LILIANA

Provider ID: 285963
Board Certified Specialty: No
UCSD MEDICAL GROUP
 1415 ROSS AVE
EL CENTRO, CA 92243
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1326599002

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 271137

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER


TABAREZ, NORMA

Provider ID: 272979

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1415 ROSS AVE
EL CENTRO, CA 92243

 Phone: (866) 803-2262

 After Hours Phone: (866)
803-2262

Provider Gender: Female

NPI: 1538535570

 Provider English Spoken: Y
Cultural Competency: N


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


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


HORNBEAK, KIRSTEN

Provider ID: 240024

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1415 ROSS AVE
EL CENTRO, CA 92243

 Phone: (760) 339-7100

 After Hours Phone: (760)
339-7100

Provider Gender: Female

NPI: 1205214442

 Provider English Spoken: Y
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes

Min/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
UCSD MEDICAL GROUP

 1415 ROSS AVE
EL CENTRO, CA 92243





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين





 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
VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

<u>INTERNAL MEDICINE</u> <u>CRITICAL CARE MEDICINE</u>	<u>CRITICAL CARE MEDICINE</u>	<u>UCSD MEDICAL GROUP</u>
<p>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</p>	<p>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</p>	<p>UCSD MEDICAL GROUP 1671 W MAIN ST STE B EL CENTRO, CA 92243 Phone: (855) 543-0555 Fax: (888) 539-8781 After Hours Phone: (855) 543-0555 Provider Gender: Male NPI: 1093730251 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group</p>
<p><u>INTERNAL MEDICINE</u></p>	<p><u>SURGERY NEUROLOGICAL</u></p>	<p>ENCINITAS <u>CARDIOVASCULAR DISEASE</u></p>
<p>DURAN, EDWARD Provider ID: 310052 Board Certified Specialty: No UCSD MEDICAL GROUP 477 N EL CAMINO REAL</p>	<p>BARBA, DAVID Provider ID: 244089 Board Certified Specialty: No</p>	

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

NETWORK

477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

Phone: (760) 944-5545
Fax: (760) 944-3927

After Hours Phone: (760)
944-5545

Provider Gender: Female

NPI: 1699078923

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

HOOPER, BONNIE

Provider ID: 275253

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024

Phone: (760) 436-2300
Fax: (760) 436-5482

After Hours Phone: (760)
436-2300

Provider Gender: Female

NPI: 1821062878

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

KORMANIK, PATRICIA

Provider ID: 282071

Board Certified Specialty: No
UCSD MEDICAL GROUP

1200 GARDEN VIEW RD
STE 200
ENCINITAS, CA 92024

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1093895047

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

LANE, KIMBERLY

Provider ID: 301602

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

320 SANTA FE DR STE 108
ENCINITAS, CA 92024

Phone: (760) 436-4558
Fax: (858) 429-7926

After Hours Phone: (760)
436-4558

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

IPA: UCSD Medical Group

GASTROENTEROLOGY

PATEL, JANKI

Provider ID: 305301

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

781 GARDEN VIEW CT STE
100

ENCINITAS, CA 92024

Phone: (760) 354-9697

Fax: (760) 635-5972

After Hours Phone: (760)
354-9697

Provider Gender: Female

NPI: 1548606668

Provider English Spoken: Y

Provider Language(s)

Spoken: Gujarati, Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

GYNECOLOGIC ONCOLOGY

ESKANDER, RAMEZ

Provider ID: 282164

Board Certified Specialty: No

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD
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
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

HOSPICE AND PALLIATIVE

MEDICINE

RUBENZI, TAMARA

Provider ID: 245575

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD
STE 100

ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1811200652

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

HOSPICE AND PALLIATIVE MEDICINE

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





D. دليل مقدمي الخدمات المتخصصين

<p>N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group</p>	<p>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</p>	<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group</p>
--	---	---








MATERNAL AND FETAL MEDICINE

HULL, ANDREW
 Provider ID: 209483
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 781 GARDEN VIEW CT STE 200
 ENCINITAS, CA 92024
 Phone: (858) 657-7200
 After Hours Phone: (858) 657-7200
 Provider Gender: Male
 NPI: 1902862121
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON
 Medi-Cal Open Panel: Yes

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

MATERNAL AND FETAL MEDICINE

MOORE, THOMAS
 Provider ID: 208645
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 781 GARDEN VIEW CT STE 200
 ENCINITAS, CA 92024
 Phone: (858) 657-7200
 After Hours Phone: (858) 657-7200
 Provider Gender: Male
 NPI: 1184682379
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 16\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MATERNAL AND FETAL MEDICINE	MATERNAL AND FETAL MEDICINE	MATERNAL AND FETAL MEDICINE
<p>RICHARDSON, ALVIE <i>Provider ID: 277315</i> <i>Board Certified Specialty: No</i> RADY CHILDRENS HEALTH NETWORK  477 N EL CAMINO REAL BLDG D STE 302 ENCINITAS, CA 92024  <i>Phone: (858) 966-6710</i> <i>Fax: (858) 966-6711</i>  <i>After Hours Phone: (858) 966-6710</i> <i>Provider Gender: Male</i> <i>NPI: 1154305977</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, Sharp Grossmont Hospital, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>	<p>WOELKERS, DOUGLAS <i>Provider ID: 209384</i> <i>Board Certified Specialty: No</i> UCSD MEDICAL GROUP  781 GARDEN VIEW CT STE 200 ENCINITAS, CA 92024  <i>Phone: (858) 657-7200</i>  <i>After Hours Phone: (858) 657-7200</i> <i>Provider Gender: Male</i> <i>NPI: 1013965748</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i> <i>Cultural Competency: N</i> <i>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</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 16\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i></p>	<p><i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p> <p>MATERNAL AND FETAL MEDICINE</p> <p>WOLF, RICHARD <i>Provider ID: 209254</i> <i>Board Certified Specialty: No</i> UCSD MEDICAL GROUP  781 GARDEN VIEW CT STE 200 ENCINITAS, CA 92024  <i>Phone: (858) 657-7200</i>  <i>After Hours Phone: (858) 657-7200</i> <i>Provider Gender: Male</i> <i>NPI: 1497713846</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>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</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 16\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT</i></p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PROVIDER

🕒 Hours: M-F 8AM-5PM
 🌐 Website: N/A
 IPA: UCSD Medical Group

NEONATAL / PERINATAL MEDICINE

BAI-TONG, SHIYU

Provider ID: 283286
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

📍 354 SANTA FE DR
 ENCINITAS, CA 92024
 📞 Phone: (760) 633-6120
 📠 After Hours Phone: (760)
 633-6120

Provider Gender: Female
 NPI: 1528454188

🗣️ Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, 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

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\19

American Sign Language (ASL):
 N

♿️ Accessibility: CONTACT
 PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
 Network

NEONATAL / PERINATAL

MEDICINE

SAUER, CHARLES

Provider ID: 303905

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

📍 354 SANTA FE DR
 ENCINITAS, CA 92024

📞 Phone: (760) 633-6120

Fax: (760) 633-7385

📠 After Hours Phone: (760)
 633-6120

Provider Gender: Male
 NPI: 1538388988

🗣️ Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO, SCRIPPS MEMORIAL
 HOSPITAL ENCINITAS,
 PALOMAR MEDICAL CENTER,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA, PALOMAR
 HEALTH, SCRIPPS MEMORIAL
 HOSPITAL, SOUTHWEST
 HEALTHCARE RANCHO
 SPRINGS HOSPITAL,
 SOUTHWEST HEALTHCARE
 RANCHO SPRINGS HOSPITAL,
 SOUTHWEST HEALTHCARE
 INLAND VALLEY HOSPITAL,
 UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes



Min/Max Age: 0\19

American Sign Language (ASL):
 N

♿️ Accessibility: CONTACT
 PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



D. دليل مقدمي الخدمات المتخصصين

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

NEUROLOGY

BUI, JONATHAN



Provider ID: 269966
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 477 N EL CAMINO REAL
STE 302
ENCINITAS, CA 92024
 Phone: (760) 944-6377
Fax: (760) 944-3927

 After Hours Phone: (760)
944-6377

Provider Gender: Male

NPI: 1730247974

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish,
Vietnamese

Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A



IPA: Rady Childrens Health


Network

NEUROLOGY

JINDAL, ANUJA


Provider ID: 206264
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 477 N EL CAMINO REAL
STE 302
ENCINITAS, CA 92024
 Phone: (760) 944-5545
Fax: (760) 944-3927

 After Hours Phone: (760)
944-5545

Provider Gender: Female

NPI: 1194046581


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


NEUROLOGY


SCHORR, EMILY

Provider ID: 305022
Board Certified Specialty: No

UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD
ENCINITAS, CA 92024

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1255862041

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


 Website: N/A


IPA: UCSD Medical Group

NEUROLOGY CHILD

KIMMCMANUS, OLIVIA

Provider ID: 206258
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 477 N EL CAMINO REAL
BLDG D STE 302
ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)
944-5545




Provider Gender: Female

NPI: 1174870067

 Provider English Spoken: Y





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

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 CHILD

SAHAGIAN, MICHELLE


Provider ID: 206073
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024
 *Phone: (760) 944-5545*
Fax: (760) 944-3927
 *After Hours Phone: (760)
944-5545*
Provider Gender: Female
NPI: 1275604035
 *Provider English Spoken: Y*
Cultural Competency: N

*Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 *Accessibility: CONTACT
PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
*IPA: Rady Childrens Health
Network*

OBSTETRICS / GYNECOLOGY







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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OPHTHALMOLOGY

BANSAL, PREETI

Provider ID: 205617

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

Phone: (858) 309-7702

Fax: (760) 944-3927

After Hours Phone: (858)
309-7702

Provider Gender: Female

NPI: 1871664631

Provider English Spoken: Y
Provider Language(s)
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MEMORIAL
HOSPITAL, TRI CITY MEDICAL
CTR, 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




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 *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\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network




OPHTHALMOLOGY


HENNEIN, LAUREN
Provider ID: 297012
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024
 *Phone: (760) 944-5545*
Fax: (760) 944-3927
 *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
 *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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19
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: 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\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

OPTOMETRIST

AOTO, KIM

Provider ID: 296797
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
320 SANTA FE DR STE 104
ENCINITAS, CA 92024
Phone: (760) 943-7141
Fax: (760) 943-0371
After Hours Phone: (760)
943-7141
Provider Gender: Female
NPI: 1780935650
Provider English Spoken: Y
Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M 9AM-5PM
TU 8:30AM-4:30PM
W 7:30AM-4:30PM
TH 9:30AM-5PM
F 8:30AM-4PM
Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY

FRIESEN, TZYYNONG

Provider ID: 244900

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

477 N EL CAMINO REAL
STE D302

ENCINITAS, CA 92024

Phone: (760) 944-5545

After Hours Phone: (760)
944-5545

Provider Gender: Female

NPI: 1952740177

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

NARAYAN, HARI

Provider ID: 239115

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 477 N EL CAMINO REAL BLDG D STE 302
ENCINITAS, CA 92024

☎ Phone: (760) 944-5545

Fax: (760) 944-3927

☎ After Hours Phone: (760) 944-5545

Provider Gender: Male

NPI: 1376705707

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

SILVASEPULVEDA, JOSE

Provider ID: 206299

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 477 N EL CAMINO REAL BLDG D STE 302
ENCINITAS, CA 92024

☎ Phone: (760) 944-5545

Fax: (760) 944-3927

☎ After Hours Phone: (760) 944-5545

Provider Gender: Male

NPI: 1417222472

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY




CHILDRENS HOSPITAL SAN DIEGO, PIONEERS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19




American Sign Language (ASL): N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 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\19



American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

 Website: N/A
 IPA: Rady Childrens Health Network



PEDIATRIC GASTROENTEROLOGY

CHU, CHRISTOPHER
 Provider ID: 301641
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024
 Phone: (760) 944-5545
 Fax: (760) 944-3927

 After Hours Phone: (760) 944-5545

Provider Gender: Male
 NPI: 1912369273


 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Yue Chinese

Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM



 Website: N/A
 IPA: Rady Childrens Health


Network

PEDIATRIC GASTROENTEROLOGY


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\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRIC GASTROENTEROLOGY

YOUNG, JOCELYN

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Provider ID: 294676
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

Phone: (760) 944-5545
Fax: (760) 944-3927

After Hours Phone: (760) 944-5545

Provider Gender: Female
NPI: 1306227491

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UC DAVIS
MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC 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

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: 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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

 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\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PHYSICAL MEDICINE / REHABILITATION


LEE, HAEWON

Provider ID: 256227

Board Certified Specialty: No
UCSD MEDICAL GROUP



 477 N EL CAMINO REAL
STE C100
ENCINITAS, CA 92024

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1447661657

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Korean

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

HIGGINS, JOSHUA

Provider ID: 287134

Board Certified Specialty: No
UCSD MEDICAL GROUP

 1505 ENCINITAS BLVD
ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1861624181

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

PELIO, DARREN

Provider ID: 293443

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1386791028

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE

Provider ID: 302454

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

477 N EL CAMINO REAL
STE D302
ENCINITAS, CA 92024

Phone: (760) 944-5545

Fax: (760) 944-5545

After Hours Phone: (760)
944-5545

Provider Gender: Female

NPI: 1205381845

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

DUSTIN, ADAM

Provider ID: 275800

Board Certified Specialty: No
UCSD MEDICAL GROUP

326 ENCINITAS BLVD STE 100

ENCINITAS, CA 92024

Phone: (760) 436-5533

Fax: (760) 436-0611

After Hours Phone: (760) 436-5533

Provider Gender: Male

NPI: 1043389026

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

GOMEZ, JUANITA

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY GENERAL


JACOBSEN, GARTH


Provider ID: 201730

Board Certified Specialty: No

UCSD MEDICAL GROUP

 1200 GARDEN VIEW RD
ENCINITAS, CA 92024

 Phone: (858) 657-8860

 After Hours Phone: (858)
657-8860

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY PEDIATRIC

FAIRBANKS, TIMOTHY


Provider ID: 205497

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

 477 N EL CAMINO REAL
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)
944-5545

Provider Gender: Male

NPI: 1407010556

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,

SHARP MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


SURGERY PEDIATRIC

KLING, KAREN


Provider ID: 206128

Board Certified Specialty: No


RADY CHILDRENS HEALTH
NETWORK

 477 N EL CAMINO REAL
STE D302

ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)
944-5545

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,

SHARP MARY BIRCH HOSP
FOR WOMEN AND

NEWBORNS, NATIONAL

NAVAL MED CTR, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Network

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

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

SURGERY PLASTIC

REID, CHRISTOPHER

Provider ID: 238130

Board Certified Specialty: No
UCSD MEDICAL GROUP

1200 GARDEN VIEW RD
ENCINITAS, CA 92024

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

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):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

ESCONDIDO

ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY

Provider ID: 308112

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

637 E GRAND AVE

ESCONDIDO, CA 92025

Phone: (760) 610-0522

Fax: (760) 610-0523

After Hours Phone: (760)
610-0522

Provider Gender: Male




NPI: 1205949914

Provider English Spoken: Y






Provider Language(s)




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين





Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP


ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY
 Provider ID: 308401
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 637 E GRAND AVE
 ESCONDIDO, CA 92025
 Phone: (760) 610-0522
 Fax: (760) 610-0523
 After Hours Phone: (760)
 610-0522
 Provider Gender: Male
 NPI: 1205949914
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation:





GROSSMONT HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON
 Provider ID: 299881
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 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


DAIRO, BRANDON
 Provider ID: 300090
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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 8AM-5PM

 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: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER


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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 *Provider Language(s)*
Spoken: Farsi, Persian
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**


KESHAVARZI, SARA

Provider ID: 305938

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 488 E VALLEY PKWY STE 411

ESCONDIDO, CA 92025

 *Phone: (760) 466-9800*

Fax: (360) 462-2741

 *After Hours Phone: (760) 466-9800*

Provider Gender: Female

NPI: 1457996126

 *Provider English Spoken: Y*
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Community Care IPA LLC,


IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**


KESHAVARZI, SARA

Provider ID: 309748

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 488 E VALLEY PKWY STE 411

ESCONDIDO, CA 92025

 *Phone: (760) 466-9800*

Fax: (360) 462-2741

 *After Hours Phone: (760) 466-9800*

Provider Gender: Female

NPI: 1457996126

 *Provider English Spoken: Y*
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

CERTIFIED NURSE **PRACTITIONER**


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


CERTIFIED NURSE **PRACTITIONER**

WALDRUP, LARHONDA

Provider ID: 299259

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 2185 CITRACADO PKWY
ESCONDIDO, CA 92029

 *Phone: (442) 281-3193*

Fax: (442) 281-3197

 *After Hours Phone: (442) 281-3193*

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

NPI: 1831627181

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED REGISTERED NURSE ANESTHETIST

**SEILNACHT-BERNARD,
KAREN**

Provider ID: 269203

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 488 E VALLEY PKWY
ESCONDIDO, CA 92025

☎ Phone: (877) 217-8505

Fax: (760) 735-6296

🕒 After Hours Phone: (877)
217-8505

Provider Gender: Female

NPI: 1861562498

☐ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

EMERGENCY MEDICINE

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\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

ENDOCRINOLOGY METABOLISM DIABETES

REDDY, NAVYA

Provider ID: 302350

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 625 CITRACADO PKWY STE
108

ESCONDIDO, CA 92025

☎ Phone: (760) 743-1431

Fax: (760) 743-6455

🕒 After Hours Phone: (760)
743-1431

Provider Gender: Female

NPI: 1083069611

☐ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

MATSHE, ZENZIWE

Provider ID: 306033

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

460 N ELM ST
ESCONDIDO, CA 92025

Phone: (760) 520-8100

Fax: (760) 466-1373

After Hours Phone: (760)
520-8100

Provider Gender: Female

NPI: 1285256073

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open 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

Fax: (949) 404-6908

After Hours Phone: (760)
690-2800

Provider Gender: Male

NPI: 1942406533

Provider English Spoken: Y

Provider Language(s)

Spoken: Hindi, Telugu

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, PALOMAR

MEDICAL CENTER, PALOMAR
HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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) 743-4789
 Fax: (760) 743-8005
 After Hours Phone: (760) 743-4789
 Provider Gender: Male
 NPI: 1134357007
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 GREEN HOSPITAL, PALOMAR
 HEALTH, PALOMAR MEDICAL
 CENTER
 Medi-Cal Open Panel: 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: 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: 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**

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) 743-8837
 After Hours Phone: (760) 743-0546

Provider Gender: Male
 NPI: 1356344196
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi
 Cultural Competency: N
 Hospital Affiliation: PALOMAR
 HEALTH, PALOMAR MEDICAL
 CENTER
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 IPA: BLUE SHIELD PROMISE
 HEALTH PLAN DIRECT,
 Community Care IPA LLC

**INTERVENTIONAL
 CARDIOLOGY**

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) 743-8837
 After Hours Phone: (760) 743-0546
 Provider Gender: Male
 NPI: 1356344196
 Provider English Spoken: Y
 Provider Language(s)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
NPI: 1619174133
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI

Provider ID: 309097
Board Certified Specialty: No COMMUNITY CARE IPA LLC
488 E VALLEY PKWY STE 107
ESCONDIDO, CA 92025
Phone: (760) 294-0480
Fax: (619) 616-2104
After Hours Phone: (760) 294-0480
Provider Gender: Female
NPI: 1811307051
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp Grossmont Hospital, SHARP CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 15\99
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: (619) 616-2104

🕒 After Hours Phone: (760) 294-0480

Provider Gender: Female

NPI: 1811307051

🗉 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 15\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

MATERNAL AND FETAL MEDICINE

MELBER, DORA

Provider ID: 296996

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

📍 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

☎ Phone: (858) 966-6710

Fax: (858) 966-6711

🕒 After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1124413026

🗉 Provider English Spoken: Y

🗉 Provider Language(s) Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

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\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health

Network

NEONATAL / PERINATAL MEDICINE

LE, CRYSTAL

Provider ID: 283707

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

SAUER, CHARLES

Provider ID: 206163

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 2185 CITRACADO PKWY
ESCONDIDO, CA 92029

☎ Phone: (442) 281-2850

Fax: (442) 281-2999

🕒 After Hours Phone: (442)
281-2850

Provider Gender: Male

NPI: 1538388988

🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,

PALOMAR MEDICAL CENTER,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, PALOMAR
HEALTH, SCRIPPS MEMORIAL

HOSPITAL, SOUTHWEST
HEALTHCARE RANCHO

SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,
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\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

KIMMCANUS, OLIVIA

Provider ID: 277873
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

NEUROLOGY

ZIMBRIC, MICHAEL

Provider ID: 277891
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029
Phone: (760) 294-9260
Fax: (760) 294-9274
After Hours Phone: (760)
294-9260
Provider Gender: Male
NPI: 1487819546
Provider English Spoken: Y
Provider Language(s)
Spoken: French
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

NEUROLOGY CHILD

SAHAGIAN, MICHELLE

Provider ID: 206076
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

625 CITRACADO PKWY STE
100

ESCONDIDO, CA 92025
Phone: (760) 294-9260

Fax: (760) 294-9274
After Hours Phone: (760)
294-9260
Provider Gender: Female
NPI: 1275604035
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 9AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

OBSTETRICS / GYNECOLOGY

HINSHAW, PAUL

Provider ID: 285628
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1955 CITRACADO PKWY
STE 302

ESCONDIDO, CA 92029
Phone: (760) 233-1896
Fax: (760) 233-1899

After Hours Phone: (760)
233-1896
Provider Gender: Male
NPI: 1215170717

Provider English Spoken: Y
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Hospital Affiliation: PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH 9AM-4:30PM F 9AM-2PM

Website: N/A

IPA: Community Care IPA LLC, Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY **HINSHAW, PAUL**

Provider ID: 285629

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

488 E VALLEY PKWY STE 400

ESCONDIDO, CA 92025

Phone: (760) 658-6101

Fax: (760) 658-6106

After Hours Phone: (760) 658-6101

Provider Gender: Male

NPI: 1215170717

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH 9AM-4:30PM F 9AM-2PM

Website: N/A

IPA: Community Care IPA LLC, Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY **HINSHAW, PAUL**

Provider ID: 277040

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

1955 CITRACADO PKWY STE 302

ESCONDIDO, CA 92029

Phone: (760) 233-1896

Fax: (760) 233-1899

After Hours Phone: (760) 233-1896

Provider Gender: Male

NPI: 1215170717

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH 9AM-4:30PM F 9AM-2PM

Website: N/A

IPA: Community Care IPA LLC, Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY **HINSHAW, PAUL**

Provider ID: 277041

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

488 E VALLEY PKWY STE 400

ESCONDIDO, CA 92025

Phone: (760) 658-6101

Fax: (760) 658-6106

After Hours Phone: (760) 658-6101

Provider Gender: Male

NPI: 1215170717

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH 9AM-4:30PM F 9AM-2PM

Website: N/A

IPA: Community Care IPA LLC, Rady Childrens Health Network

OBSTETRICS / GYNECOLOGY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

OPHTHALMOLOGY

BHATIA, SHAGUN

Provider ID: 277877

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

2125 CITRACADO PKWY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

HENNEIN, LAUREN

Provider ID: 297014
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 2125 CITRACADO PKWY STE 200
ESCONDIDO, CA 92029
☎ Phone: (760) 755-7600

Fax: (760) 755-7699
📞 After Hours Phone: (760) 755-7600
Provider Gender: Female
NPI: 1699216010
📄 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 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




OPTOMETRIST

AOTO, KIM

Provider ID: 268719
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 830 W VALLEY PKWY STE
 300
 ESCONDIDO, CA 92025
 Phone: (800) 898-2020
 Fax: (844) 897-3788
 After Hours Phone: (800)
 898-2020



Provider Gender: Female
 NPI: 1780935650

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP



OPTOMETRIST

AOTO, KIM

Provider ID: 296796
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 700 W EL NORTE PKWY
 STE 200
 ESCONDIDO, CA 92026
 Phone: (760) 743-5872
 Fax: (760) 743-5879




 After Hours Phone: (760)
 743-5872

Provider Gender: Female
 NPI: 1780935650

 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Vietnamese
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):

N



 Accessibility: CONTACT
 PROVIDER
 Hours: M 9AM-5PM
 TU 8:30AM-4:30PM
 W 7:30AM-4:30PM
 TH 9:30AM-5PM
 F 8:30AM-4PM
 Website: N/A

IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OPTOMETRIST


KOO, ANITA

Provider ID: 307411
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC

 1118 W VALLEY PKWY
 ESCONDIDO, CA 92025
 Phone: (619) 425-7755
 Fax: (619) 425-2138



 After Hours Phone: (619)
 425-7755

Provider Gender: Female
 NPI: 1669825667

 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):

N



 Accessibility: CONTACT
 PROVIDER
 Website: N/A

IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

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

OTOLARYNGOLOGY

BLISS, MORGAN

Provider ID: 277537

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029

☎ Phone: (760) 755-7600

Fax: (760) 755-7699

☎ After Hours Phone: (760)
755-7600

Provider Gender: Female

NPI: 1760707657

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health

Network

OTOLARYNGOLOGY

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\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY

FRIESEN, TZYYNONG

Provider ID: 277853

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)
755-7600

Provider Gender: Female

NPI: 1952740177

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY

JIANG, WEN

Provider ID: 277860

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)
755-7600

Provider Gender: Female

NPI: 1659305753

Provider English Spoken: Y

Provider Language(s)

Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY

LEUIN, SHELBY

Provider ID: 206110

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

625 CITRACADO PKWY STE
206

ESCONDIDO, CA 92025

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)
755-7600

Provider Gender: Female

NPI: 1124230909

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 0\19

American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

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\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

COLLINS, CATHLEEN

Provider ID: 311813

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: 1205128089

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LUCILE
SALTER PACKARD
CHILDRENS HOSP, Stanford
Health Care, 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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

HALEY, JESSICA

Provider ID: 205689

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

625 CITRACADO PKWY STE
100

ESCONDIDO, CA 92025

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)
294-9260

Provider Gender: Female

NPI: 1023329885

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

HALEY, JESSICA

Provider ID: 277867

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)
294-9260

Provider Gender: Female

NPI: 1023329885

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

NARAYAN, HARI

Provider ID: 277846

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)

294-9260

Provider Gender: Male

NPI: 1376705707

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

SILVASEPULVEDA, JOSE

Provider ID: 206298

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

625 CITRACADO PKWY STE
100

ESCONDIDO, CA 92025

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)
294-9260










Provider Gender: Male

NPI: 1417222472

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

<p>CHILDRENS HOSPITAL SAN DIEGO, PIONEERS MEMORIAL HOSPITAL</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>	<p>HOSPITAL SAN DIEGO</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>	<p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL):</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>
--	---	---


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


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

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

N
 Accessibility: CONTACT PROVIDER
 Hours: SU 1PM-10PM
 M-F 4PM-10PM
 SA 1PM-10PM
 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MENDES, CHANTAL
 Provider ID: 295670
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 2125 CITRACADO PKWY
 STE 100
 ESCONDIDO, CA 92029
 Phone: (760) 739-1543
 Fax: (760) 294-9274
 After Hours Phone: (760) 739-1543
 Provider Gender: Female
 NPI: 1134681265
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

Hours: SU 1PM-10PM
 M-F 4PM-10PM
 SA 1PM-10PM
 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

PARKER, SHERINE
 Provider ID: 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: No
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

PROVIDER
 Website: N/A
 IPA: Rady Childrens Health
 Network


SA 1PM-10PM
 Website: N/A
 IPA: Rady Childrens Health
 Network

Network


PEDIATRIC EMERGENCY MEDICINE

VAIDYA, KAMALA


Provider ID: 205812
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 625 CITRACADO PKWY STE
 100

ESCONDIDO, CA 92025


 Phone: (760) 739-1543

Fax: (760) 294-9274

 After Hours Phone: (760)
 739-1543

Provider Gender: Female

NPI: 1083840920


 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
 Network

PEDIATRIC ENDOCRINOLOGY

RANADIVE, SAYALI

Provider ID: 311398

PEDIATRIC EMERGENCY MEDICINE


TODD, SARAH

Provider ID: 302802


Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 2125 CITRACADO PKWY
 STE 100

ESCONDIDO, CA 92029


 Phone: (760) 739-1543

Fax: (760) 294-9274

 After Hours Phone: (760)
 739-1543

Provider Gender: Female

NPI: 1407299787


 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RONALD
 REAGAN UCLA MED CTR,
 SANTA MONICA UCLA MED
 CTR, RADY CHILDRENS
 HOSPITAL SAN DIEGO, UCSD
 MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: SU 1PM-10PM
 M-F 4PM-10PM

PEDIATRIC EMERGENCY MEDICINE


VAIDYA, KAMALA

Provider ID: 289412

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 2125 CITRACADO PKWY
 STE 100

ESCONDIDO, CA 92029


 Phone: (760) 739-1543

Fax: (760) 294-9274

 After Hours Phone: (760)
 739-1543

Provider Gender: Female

NPI: 1083840920


 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: SU 1PM-10PM
 M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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\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: 301643

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)
294-9260

Provider Gender: Male

NPI: 1912369273

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Yue
Chinese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

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\19

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19

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

PEDIATRICS

CAMERON, MELISSA

Provider ID: 205966

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 2185 CITRACADO PKWY
ESCONDIDO, CA 92029

☎ Phone: (442) 281-2850

Fax: (442) 281-2999

🕒 After Hours Phone: (442)
281-2850

Provider Gender: Female

NPI: 1902983752

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, PALOMAR MEDICAL
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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): IHP OF SOUTHERN CAL-PHP
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT


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): RADY CHILDRENS HEALTH
NETWORK

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT


NIAKAMAL, EVAN

Provider ID: 291250

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 425 N DATE ST
ESCONDIDO, CA 92025

 Phone: (760) 520-8340

Fax: (858) 633-4698

 After Hours Phone: (760)
520-8340

Provider Gender: Male

NPI: 1639796873


Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE


Provider ID: 302456

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

 2125 CITRACADO PKWY
STE 100

ESCONDIDO, CA 92029

 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)
294-9260

Provider Gender: Female

NPI: 1205381845

Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PHYSICIANS ASSISTANT

WALSH, JOHN


Provider ID: 301971

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 625 CITRACADO PKWY STE
108

ESCONDIDO, CA 92025

 Phone: (760) 743-1431

Fax: (760) 743-6455




 After Hours Phone: (760)
743-1431

Provider Gender: Male

NPI: 1386893089




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open 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

PODIATRIST




ALGHURAIBI, OHOUD

Provider ID: 295998
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 460 N ELM ST
ESCONDIDO, CA 92025
 Phone: (760) 520-8100
Fax: (360) 462-2745
 After Hours Phone: (760)
520-8100
Provider Gender: Female
NPI: 1669842357

Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP


PODIATRIST


READ, TRENTON


Provider ID: 300882
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
 Phone: (760) 480-1189
Fax: (858) 485-1515
 After Hours Phone: (760)
480-1189

Provider Gender: Male
NPI: 1952963431

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: 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: 296654
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
 Phone: (760) 480-1189
Fax: (858) 485-1515
 After Hours Phone: (760)
480-1189

Provider Gender: Male
NPI: 1952963431

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

PSYCHOLOGIST

TEETER-WITT, ALYSSA

Provider ID: 290891

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 425 N DATE ST
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8300

Fax: (858) 633-4698

🕒 After Hours Phone: (760) 520-8300

Provider Gender: Female

NPI: 1932308442

🗣 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

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

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,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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


RADIOLOGY DIAGNOSTIC


VAKILIAN, SIAVOSH

Provider ID: 283206


Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 701 E GRAND AVE STE 200
ESCONDIDO, CA 92025

 Phone: (619) 230-0400

Fax: (858) 429-7936

 After Hours Phone: (619)
230-0400

Provider Gender: Male

NPI: 1427456151

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PIONEERS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

REGISTERED PHYSICAL

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




Min/Max Age: 18\None

American Sign Language (ASL):

N






اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

 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

EDMONDS, ERIC

Provider ID: 277831
Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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 ORTHOPEDIC

SHARP, LORRA

Provider ID: 296808

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

2130 CITRACADO PKWY
STE 200

ESCONDIDO, CA 92029

Phone: (760) 743-4789

Fax: (858) 385-1690

After Hours Phone: (760)
743-4789

Provider Gender: Female

NPI: 1689689176

Provider English Spoken: Y
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: POMONA
VALLEY HOSP MED CTR,

PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: Community Care IPA LLC

SURGERY ORTHOPEDIC

SHARP, LORRA

Provider ID: 304761

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: Female

NPI: 1689689176

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: POMONA
VALLEY HOSP MED CTR,



PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None







American Sign Language (ASL):
N


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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
 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\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

FALLBROOK

CERTIFIED ACUPUNCTURIST


CRAFT, KEVIN

Provider ID: 290943
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1309 S MISSION RD
 FALLBROOK, CA 92028
 Phone: (760) 690-5900
 Fax: (760) 731-1063
 After Hours Phone: (760) 690-5900
 Provider Gender: Male
 NPI: 1659745610
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: TU-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE






PRACTITIONER

GUIDI, CASEY







Provider ID: 296010
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1328 S MISSION RD
 FALLBROOK, CA 92028




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Phone: (760) 451-4730
 Fax: (760) 457-4700
 After Hours Phone: (760) 451-4730
 Provider Gender: Female
 NPI: 1013349919
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP



CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
 Provider ID: 298086
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 321 E ALVARADO ST
 FALLBROOK, CA 92028
 Phone: (760) 723-6200
 Fax: (760) 414-3892
 After Hours Phone: (760) 723-6200
 Provider Gender: Female
 NPI: 1245695006
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY



MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8AM-8PM F 8AM-5PM SA 9AM-4PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

KELLEHER, BRIDGET
 Provider ID: 299775
 Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK
 321 E ALVARADO ST
 FALLBROOK, CA 92028
 Phone: (760) 723-6200
 Fax: (760) 414-3892
 After Hours Phone: (760) 723-6200
 Provider Gender: Female
 NPI: 1245695006
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR
 Medi-Cal Open Panel: No

Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8AM-8PM F 8AM-5PM SA 9AM-4PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

STOJANOVSKA, JOVANA
 Provider ID: 301367
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP
 1328 S MISSION RD
 FALLBROOK, CA 92028
 Phone: (760) 451-4720
 Fax: (760) 457-4700
 After Hours Phone: (760) 451-4720
 Provider Gender: Female
 NPI: 1215638499
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

TAYLOR, CHRISTOPHER

Provider ID: 302118

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

Fax: (760) 414-3892

After Hours Phone: (760)
723-6200

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

CERTIFIED NURSE PRACTITIONER

TAYLOR, CHRISTOPHER

Provider ID: 299407

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST
FALLBROOK, CA 92028

Phone: (760) 723-6200

Fax: (760) 414-3892

After Hours Phone: (760)
723-6200

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\100

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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) 723-6200

Fax: (760) 414-3892

After Hours Phone: (760)
723-6200

Provider Gender: Female

NPI: 1659389740

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

PEDIATRICS

SMITH, LINDA

Provider ID: 308731

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1328 S MISSION RD
FALLBROOK, CA 92028

Phone: (760) 451-4720

Fax: (760) 451-4700

After Hours Phone: (760)
451-4720

Provider Gender: Female

NPI: 1881665800

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SHARP MEMORIAL
HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

O'CONNELL, STEFANY

Provider ID: 296845

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

949 PALM AVE
IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619) 429-3733

Provider Gender: Female

NPI: 1386378479

Provider English Spoken: Y
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

THYGERSEN, ALAYSA

Provider ID: 297909

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

949 PALM AVE
IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619) 429-3733

Provider Gender: Female

NPI: 1760107767

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

CHIROPRACTOR

CABALLERO, JAMES

Provider ID: 310867

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: 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

REGISTERED PHYSICAL

THERAPIST

CHENG, BRANDON

Provider ID: 304530

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932

Phone: (619) 332-4200

Fax: (613) 332-4220

After Hours Phone: (619)
332-4200

Provider Gender: Male

NPI: 1336894724

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N


Accessibility: CONTACT
PROVIDER

Hours: M-TH 7AM-7PM
F 7AM-5PM

SA 8AM-1PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


 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
 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):
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: 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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-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: 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

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 7AM-6PM

 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 7AM-6PM

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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


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: 310202

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 600 PALM AVE STE 126

IMPERIAL BEACH, CA

91932

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

VILLANUEVA, GIOVANNI

Provider ID: 301531

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

600 PALM AVE STE 126
IMPERIAL BEACH, CA
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1063046878

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-TH 7AM-7PM
F 7AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

LA JOLLA

ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY

HONG, KIMBERLY

Provider ID: 246312

Board Certified Specialty: No
UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1346515442

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

ALEXANDER, BRENTON

Provider ID: 242302

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1811366644

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

BECERRA SONGOLO, TOSHA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 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

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A
IPA: UCSD Medical Group

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

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

ANESTHESIOLOGY

FUNDINGSLAND, BRENT

Provider ID: 280469
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1831166560

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

ENCINITAS, SADDLEBACK
MEMORIAL MED CTR, UCSD

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY

GOH, REGINE

Provider ID: 311502

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS 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

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY

HOSALKAR, HETAL

Provider ID: 243370

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9415 CAMPUS POINT DR
LA JOLLA, CA 92093


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1861556821

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, Gujarati,
Hindi

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY


HYLTON, DIANA

Provider ID: 241736

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1932527751

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY


MEYER, MEGAN

Provider ID: 239608

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1720473044

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes

Min/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

 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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

926-8273
 Provider Gender: Female
 NPI: 1427315118
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

ANESTHESIOLOGY

SHAW, SUSANNA
 Provider ID: 255317
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273
 Provider Gender: Female
 NPI: 1063685477
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

ANESTHESIOLOGY




























SORIA, CLAIRE
 Provider ID: 243295
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273
 Provider Gender: Female
 NPI: 1447516414
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

ANESTHESIOLOGY

SUYDAM, STEVEN
 Provider ID: 286570
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800)
 926-8273
 Provider Gender: Male
 NPI: 1386856821
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL,
 GROSSMONT HOSPITAL,
 SHARP MEMORIAL HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<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>ANESTHESIOLOGY</p> <hr/>	<p>TSUDA, PAIGE</p> <p>Provider ID: 271683</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 9300 CAMPUS POINT DR LA JOLLA, CA 92037</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: 1003261595</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p> <hr/> <p>ANESTHESIOLOGY</p> <hr/>	<p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male</p> <p>NPI: 1871912493</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UC DAVIS MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: UCSD Medical Group</p> <hr/> <p>ANESTHESIOLOGY</p> <hr/>
<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>ANESTHESIOLOGY</p> <hr/>	<p>TULLY, JEFFREY</p> <p>Provider ID: 283690</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 9300 CAMPUS POINT DR LA JOLLA, CA 92037</p> <p> Phone: (800) 926-8273</p> <p> Fax: (888) 539-8781</p>	<p>TZENG, ERIC</p> <p>Provider ID: 284578</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p> 9300 CAMPUS POINT DR LA JOLLA, CA 92037</p> <p> Phone: (800) 926-8273</p> <p> Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male</p> <p>NPI: 1801258264</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UCSD</p>




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/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

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1922432475

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY CRITICAL


CARE MEDICINE

KRAUSE, MARTIN

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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 N

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

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

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):

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

MIZZELL, ANNA

Provider ID: 214021

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1851561021

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

PHREANER, NICHOLAS

Provider ID: 224864

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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: 304136

Board Certified Specialty: No

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1407401128

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 304135

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1407401128

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

BUENROSTRO, CHRISTINA

Provider ID: 243717

Board Certified Specialty: No
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1851749253

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

CAPOZZI, JENNIFER

Provider ID: 241030

Board Certified Specialty: No
UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1336258276

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

CONNER, PAMELA

Provider ID: 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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


CONNOR, CAROLINE

Provider ID: 279834

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1609081710

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


CZYPULL, MONICA

Provider ID: 284662


Board Certified Specialty: No
UCSD MEDICAL GROUP

 9850 GENESEE AVE STE
320

LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858)
554-1212

Provider Gender: Female

NPI: 1831784842

 Provider English Spoken: Y
Cultural Competency: N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<p> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None</p>	<p>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</p>	<p>IPA: UCSD Medical Group</p> <hr/> <p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <hr/> <p>DIMAIRA, FRANCESCA Provider ID: 245579 Board Certified Specialty: No UCSD MEDICAL GROUP</p>
<p>American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group</p>	<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <hr/> <p>DIMAIRA, FRANCESCA Provider ID: 245580 Board Certified Specialty: No UCSD MEDICAL GROUP</p>	<p> 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1346670718</p>
<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <hr/> <p>DE DIOS, SARAH JANE Provider ID: 300052 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1528632742</p>	<p> 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1346670718</p>	<p> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group</p>
<p> Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SHARP CHULA VISTA MED CTR, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes</p>	<p>Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A</p>	<p style="text-align: center;"><u>CERTIFIED NURSE</u> <u>PRACTITIONER</u></p> <hr/> <p>DRISCOLL, KARRIE Provider ID: 286376 Board Certified Specialty: No</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
MEDICAL CTR
Medi-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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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

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

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)
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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: 287644

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

STE 100
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1457694549
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

MATTHESS, JANETTE
Provider ID: 287645
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9415 CAMPUS POINT DR
LA JOLLA, CA 92093
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800)
926-8273
Provider Gender: Female

NPI: 1457694549
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/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):
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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


CERTIFIED NURSE PRACTITIONER

MOHEBBI, ATHENA

Provider ID: 282231

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1952627176

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi

Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


MULVEY, CAOILFHIONN

Provider ID: 291420

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8372

Provider Gender: Female

NPI: 1184386864

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MEDICAL CTR


Medi-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

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


CERTIFIED NURSE PRACTITIONER

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


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

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER


NACOSTE, LAKEISHA

Provider ID: 272935

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

 Phone: (858) 822-5210

 After Hours Phone: (858)
822-5210

Provider Gender: Female

NPI: 1194139634

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER


PAULSON, KERRY

Provider ID: 201269

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (619) 543-3000

 After Hours Phone: (619)
543-3000

Provider Gender: Female

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

CERTIFIED NURSE PRACTITIONER


RALEIGH, DEBORAH


Provider ID: 215016

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1689006876

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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): IPA: UCSD Medical Group
N

♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

STEVENSON, REHEIA

Provider ID: 210795
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9434 MEDICAL CENTER DR FL 1
LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1346696044
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A

CERTIFIED NURSE PRACTITIONER

TOPPEN, LAURA

Provider ID: 215476
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093
☎ Phone: (800) 926-8273
📞 After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1326563495
☑ Provider English Spoken: Y
Cultural Competency: N
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

TOPPEN, LAURA

Provider ID: 215475
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9434 MEDICAL CENTER DR

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

CERTIFIED NURSE PRACTITIONER

TRUJILLO, DALE
Provider ID: 278428
Board Certified Specialty: No
UCSD MEDICAL GROUP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

CERTIFIED REGISTERED

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

CERTIFIED REGISTERED NURSE ANESTHETIST

LANTRIP, KEATON

Provider ID: 311519

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

CERTIFIED REGISTERED NURSE ANESTHETIST

RAMIREZ, NICOLE

Provider ID: 291403

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1487213500

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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

SACKS, BRENT

Provider ID: 278004

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982133591

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

SEILNACHT-BERNARD, 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 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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N

 **Accessibility: CONTACT PROVIDER**

 **Website: N/A**

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE


GOODWIN, RACHEL


Provider ID: 210017

**Board Certified Specialty: No
UCSD MEDICAL GROUP**

 **8910 VILLA LA JOLLA DR
STE 200**

LA JOLLA, CA 92037


 **Phone: (800) 926-8273**

 **After Hours Phone: (800)
926-8273**

Provider Gender: Female

NPI: 1518274919

 **Provider English Spoken: Y**

 **Provider Language(s)
Spoken: Spanish**

Cultural Competency: N

**Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY**

**THORNTON, UCSD MEDICAL
CTR**

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 **Accessibility: CONTACT
PROVIDER**

 **Hours: M-F 8AM-5PM**

 **Website: N/A**

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE


GREAR MANN, MELISSA


Provider ID: 210051

**Board Certified Specialty: No
UCSD MEDICAL GROUP**

 **8910 VILLA LA JOLLA DR
STE 200**


LA JOLLA, CA 92037

 **Phone: (800) 926-8273**

 **After Hours Phone: (800)
926-8273**

Provider Gender: Female

NPI: 1255384475

 **Provider English Spoken: Y**

Cultural Competency: N

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


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)**






اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




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-TU 8AM-5PM
W 8AM-8PM
TH-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group


CERTIFIED REGISTERED NURSE MIDWIFE

HIRSCH, JENNIFER
Provider ID: 210056
Board Certified Specialty: No
UCSD MEDICAL GROUP
 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): UCSD MEDICAL GROUP
N


 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group



CERTIFIED REGISTERED NURSE MIDWIFE

NATHAN, CARLY
Provider ID: 301046
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1235670977

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):


N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE




AMANN, CHRISTOPHER
Provider ID: 270914
Board Certified Specialty: No

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (858) 657-7000
Fax: (888) 539-8781
 After Hours Phone: (858)
657-7000



Provider Gender: Male
NPI: 1134326895

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, USC KENNETH
NORRIS JR CANCER
HOSPITAL, KECK HOSPITAL
OF USC, USC VERDUGO HILLS
HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

AUSTIN, ANDREA
Provider ID: 269292
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 271138

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1093161473

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

BAGBY, JESSICA

Provider ID: 271135

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

☎ Phone: (858) 249-6800

Fax: (858) 404-9226

☎ After Hours Phone: (858)
249-6800

Provider Gender: Female

NPI: 1093161473

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.








D. دليل مقدمي الخدمات المتخصصين

PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group




EMERGENCY MEDICINE

BELLINGHAUSEN, AMY




Provider ID: 270335
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1801206354
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SHARP
MEMORIAL HOSPITAL, UCSD
LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

BLACK, NICHOLAS

Provider ID: 284415
Board Certified Specialty: No
UCSD MEDICAL GROUP
 8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1154852689

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
COMMUNITY REGIONAL
MEDICAL CENTER-FRESNO,
UCSD MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N



 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-8PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

CASTELLANO, TIFFANY


Provider ID: 271611
Board Certified Specialty: No

UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037
 Phone: (858) 249-6800
Fax: (858) 404-9226

 After Hours Phone: (858)
249-6800


Provider Gender: Female
NPI: 1063893063

 Provider English Spoken: Y
Cultural Competency: N
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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

EAGLE, SONJA


Provider ID: 311504

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: 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


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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

KUTZ, CRAIG

Provider ID: 283846

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1598295925

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group

EMERGENCY MEDICINE

LI, JINGHONG


Provider ID: 255938

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

 *Phone: (858) 657-7125*

Fax: (858) 657-7107

 *After Hours Phone: (858)
657-7125*

Provider Gender: Female

NPI: 1619014479

 *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL): Board Certified Specialty: No
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


EMERGENCY MEDICINE

SMITH, CASEY

Provider ID: 300008

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1871099333

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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

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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


EMERGENCY MEDICINE

YOU, ALAN

Provider ID: 269937

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1225425697

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

YU, ELAINE


Provider ID: 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


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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 *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

Provider English Spoken: Y

Provider Language(s) Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


ENDOCRINOLOGY METABOLISM DIABETES

KULASA, KRISTEN

Provider ID: 255623

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 *Phone: (800) 962-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 962-8273*

Provider Gender: Female

NPI: 1932324175

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


ENDOCRINOLOGY METABOLISM DIABETES

NAGELBERG, JODI

Provider ID: 287778

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8939 VILLA LA JOLLA DR
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

NPI: 1720474141

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

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

PETTUS, JEREMY

Provider ID: 303286

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1225234982

Provider English Spoken: Y

Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No
UCSD MEDICAL GROUP

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY

METABOLISM DIABETES


SANTOS CAVAIOLA, TRICIA

Provider ID: 256092

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1518163799

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


FAMILY PRACTICE


CHEN, ALICE

Provider ID: 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

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


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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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: 256954
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (858) 657-8745
 After Hours Phone: (858)
657-8745

Provider Gender: Female
NPI: 1750339446

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR


Medi-Cal Open Panel: Yes
Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A



IPA: UCSD Medical Group

FEMALE PELVIC MED AND RECONSTRUCTIVE SURG



LUKACZ, EMILY

Provider ID: 256954
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1750339446



 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A

IPA: UCSD Medical Group


GASTROENTEROLOGY

ANAND, GOBIND

Provider ID: 272836


Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (619) 543-2347
Fax: (858) 657-7259

 After Hours Phone: (619)
543-2347



Provider Gender: Male
NPI: 1861626814

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A


IPA: UCSD Medical Group

GASTROENTEROLOGY

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







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-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: 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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

THORNTON

Medi-Cal Open Panel: Yes


Min/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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

GASTROENTEROLOGY

SHAH, SHAILJA

Provider ID: 283898

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1073803243

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

SHAH, SHAILJA

Provider ID: 283897

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1073803243

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
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







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

American Sign Language (ASL):
 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
 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider Gender: Male

NPI: 1518134923


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


HEMATOLOGY / ONCOLOGY

CHEN, YU-WEI


Provider ID: 303057

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1245694801

 Provider English Spoken: Y
Cultural Competency: N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1700120102

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / ONCOLOGY

STEWART, TYLER

Provider ID: 243920

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1699110676

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / ONCOLOGY

VU, PETER

Provider ID: 272717

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES

DR

LA JOLLA, CA 92093

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

IPA: UCSD Medical Group

HEMATOLOGY / PATHOLOGY

WANG, HUAN YOU

Provider ID: 275792

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1689633729

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

HEPATOLOGY

BARMAN, PRANAB

Provider ID: 241954

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1023301991

Provider English Spoken: Y
Provider Language(s)

Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/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


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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

926-8273
 Provider Gender: Male
 NPI: 1982018545
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR
 Medi-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

**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
 Medi-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

INTERNAL MEDICINE

BORDIN-WOSK, TALYA
 Provider ID: 273985

Board Certified Specialty: No
 UCSD MEDICAL GROUP
 9350 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273

Provider Gender: Female
 NPI: 1801184973
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

INTERNAL MEDICINE

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider English Spoken: Y
 Provider Language(s) Spoken: Chinese
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

INTERNAL MEDICINE

DJEKIC, KRISTINA

Provider ID: 286669
 Board Certified Specialty: No UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1417343732
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

INTERNAL MEDICINE

HOGARTH, MICHAEL

Provider ID: 214385
 Board Certified Specialty: No UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273

Provider Gender: Male
 NPI: 1225019193

Provider English Spoken: Y
 Provider Language(s) Spoken: Portuguese, Spanish
 Cultural Competency: N
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UC DAVIS MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL): N
 Accessibility: CONTACT

PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

INTERNAL MEDICINE

IVANOV, MARGARET

Provider ID: 272876
 Board Certified Specialty: No UCSD MEDICAL GROUP
 9350 CAMPUS POINT DR LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1326427014

Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

INTERNAL MEDICINE

JABBOUR, MOUSSA

Provider ID: 256658

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273
After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1558756270

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

LAM, MICHAEL

Provider ID: 274409
Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1578974259

Provider English Spoken: Y
Provider Language(s)
Spoken: Mandarin

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

MAJITHIA, AMIT

Provider ID: 255881
Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273
After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1801091459

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE


MARTINEZ, ARMANDO

Provider ID: 291422

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8372


Provider Gender: Male

NPI: 1598261091


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE


NGUYEN, MICHELLE

Provider ID: 311485

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS 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

INTERNAL MEDICINE


NOKES, BRANDON

Provider ID: 287581

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1487040051

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE


POTOK, OLIVIA

Provider ID: 272707

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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)
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

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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE

TAYLOR, DAVID

Provider ID: 274470

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1033572995

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE

WANG, ANGELA

Provider ID: 259536

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1730133976

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL, UCSD
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE


YADLAPATI, RENA

Provider ID: 238587

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1548597784

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE


YADLAPATI, RENA

Provider ID: 238586

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1548597784

 Provider English Spoken: Y
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


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

IPA: UCSD Medical Group

INTERNAL MEDICINE

CRITICAL CARE MEDICINE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

NPI: 1649408790

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

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

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

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

INTERNAL MEDICINE CRITICAL CARE MEDICINE

LIN, CHRISTINE

Provider ID: 311560
Board Certified Specialty: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

🕒 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/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 STE 975

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

 Website: N/A


IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


INTERVENTIONAL CARDIOLOGY

GOVEA, ALAYN


Provider ID: 300030

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1972997104

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LONG
BEACH MEMORIAL MED CTR,


UCSD MEDICAL CTR, UCI
HEALTH-LAKEWOOD

Medi-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: 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, JANET

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 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

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

MOORE, THOMAS
Provider ID: 208642
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (858) 657-8745
📞 After Hours Phone: (858)
657-8745
Provider Gender: Male
NPI: 1184682379




☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE

WOELKERS, DOUGLAS
Provider ID: 209383
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
☎ Phone: (858) 657-7200
📞 After Hours Phone: (858)
657-7200
Provider Gender: Male
NPI: 1013965748
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

MEMORIAL HOSPITAL
ENCINITAS, PALOMAR
MEDICAL CENTER, UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE





WOLF, RICHARD




Provider ID: 209252
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
 Provider Gender: Male
 NPI: 1497713846
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL
ENCINITAS, PALOMAR
MEDICAL CENTER, UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD LA JOLLA
JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

NEONATAL / PERINATAL MEDICINE



BAI-TONG, SHIYU

Provider ID: 283287
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (858) 249-5800
 After Hours Phone: (858)
249-5800
 Provider Gender: Female
 NPI: 1528454188
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, 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

NEONATAL / PERINATAL MEDICINE

DELROSARIO, PAMELA

Provider ID: 295001
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (858) 249-5800
 Fax: (858) 249-5839
 After Hours Phone: (858)
249-5800
 Provider Gender: Female
 NPI: 1952691941
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST
HEALTHCARE INLAND
VALLEY HOSPITAL
Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 0\19

American Sign Language (ASL): N
Website: N/A
IPA: Rady Childrens Health Network

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

HIETALATI, SAMANTHA

Provider ID: 294252

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (858) 249-5839

After Hours Phone: (858) 249-5800

Provider Gender: Female

NPI: 1245617489

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

MATOBA, NANA

Provider ID: 299893

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (858) 249-5839

After Hours Phone: (858) 249-5800

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s) Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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: 297977

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

9300 CAMPUS POINT DR
STE 8

LA JOLLA, CA 92037

Phone: (858) 657-7000

Fax: (858) 249-5839

After Hours Phone: (858) 657-7000

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s) Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19

American Sign Language (ASL): N

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\19

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

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S
HOSPITAL OAKLAND, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE

SAUER, CHARLES

Provider ID: 303908

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

9300 CAMPUS POINT DR
FL 8

LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (858) 249-5839

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 9300 CAMPUS 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

9300 CAMPUS 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

COUGHLIN, DAVID

Provider ID: 240950

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1740543784

Provider English Spoken: Y
Cultural Competency: 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

GHOLOIPOUR, 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

NEUROLOGY

HAMILTON, ROSS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider ID: 311789
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
9850 GENESEE AVE STE
530
LA JOLLA, CA 92037
Phone: (760) 631-3000
Fax: (760) 631-3007
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
8:30AM-4:30PM

Website: N/A

IPA: Community Care IPA LLC

NEUROLOGY

IRAGUIMADOZ, VICENTE

Provider ID: 246701
Board Certified Specialty: No
UCSD MEDICAL GROUP
9350 CAMPUS POINT DR

LA JOLLA, CA 92037
Phone: (858) 657-8540
After Hours Phone: (858)
657-8540

Provider Gender: Male
NPI: 1053326710

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/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

JACQUES, KAYLA

Provider ID: 311187
Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

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: 311522
Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: UCSD Medical Group

NEUROLOGY

LEE, DAVID

Provider ID: 246264

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE LLB
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1871884130

Provider English Spoken: Y
Provider Language(s)
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

QAYOUMI, WALI

Provider ID: 284371

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE LLB
LA JOLLA, CA 92037

Phone: (619) 284-3746

Fax: (888) 579-8781

After Hours Phone: (619)
284-3746

Provider Gender: Male

NPI: 1093178220

Provider English Spoken: Y

Provider Language(s)
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

QAYOUMI, WALI

Provider ID: 284369

Board Certified Specialty: No
UCSD MEDICAL GROUP

9500 GILMAN DR STE
2069

LA JOLLA, CA 92093

Phone: (858) 822-5881

Fax: (888) 539-8781

After Hours Phone: (858)
822-5881

Provider Gender: Male

NPI: 1093178220

Provider English Spoken: Y

Provider Language(s)
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSF
 MEDICAL CENTER AT MOUNT
 ZION, UCSD LA JOLLA JOHN
 SALLY THORNTON, UCSD
 MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N



 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

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: UCSF
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY


THORNTON
 Medi-Cal Open Panel: Yes
 Min/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




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: UCSF
 MEDICAL CTR

Medi-Cal Open Panel: Yes
 Min/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

 After Hours Phone: (800)
 926-8273


Provider Gender: Male
 NPI: 1619438363

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSF
 MEDICAL CTR

Medi-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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: 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

DELCore, 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY


KLEIN, DAVID


Provider ID: 271558

Board Certified Specialty: No

UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1780073635

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

LAMALE-SMITH, LEAH


Provider ID: 286230

Board Certified Specialty: No


UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 200

LA JOLLA, CA 92037


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1396904876

 Provider English Spoken: Y

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

MACKAY, GILLIAN

Provider ID: 303062

Board Certified Specialty: No
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1770702177

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

OBSTETRICS / GYNECOLOGY

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: 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)
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

MEADOWS, AUDRA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1447530696

Provider English Spoken: Y
Cultural Competency: N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

9300 CAMPUS 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 *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
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes
Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





D. دليل مقدمي الخدمات المتخصصين


N
 Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: UCSD Medical Group



OPHTHALMOLOGY

NAYER, ZACHARIA

Provider ID: 311101
 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: 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

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

 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):

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)


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

SONG, DELU

Provider ID: 284425

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9415 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1437689536

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,
UCSD Medical Group


OPHTHALMOLOGY

TOPILOW, NICOLE


Provider ID: 284348

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9415 CAMPUS POINT DR
LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1215468376

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST


AOTO, KIM

Provider ID: 296798

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 9850 GENESEE AVE STE
310

LA JOLLA, CA 92037

 Phone: (800) 898-2020

Fax: (844) 897-3788

 After Hours Phone: (800)
898-2020

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:15PM

TH 9:30AM-5PM

F 8:30AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


OPTOMETRIST

HOO, PAMELA

Provider ID: 269621

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 9415 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (858) 534-6290

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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): 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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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)
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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: 299458

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

☎ Phone: (858) 822-6197

Fax: (858) 822-6198

☎ After Hours Phone: (858) 822-6197

Provider Gender: Male

NPI: 1881652972

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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: 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

COFFEY, CHARLES
 Provider ID: 299585
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800)
 926-8273

Provider Gender: Male
 NPI: 1932297330
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, SCRIPPS
 GREEN HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER
 Website: N/A
 IPA: UCSD Medical Group

OTOLARYNGOLOGY

COFFEY, CHARLES
 Provider ID: 299581
 Board Certified Specialty: No

UCSD MEDICAL GROUP
 9350 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800)
 926-8273
 Provider Gender: Male
 NPI: 1932297330
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, SCRIPPS
 GREEN HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

Accessibility: CONTACT
 PROVIDER
 Website: N/A
 IPA: UCSD Medical Group

OTOLARYNGOLOGY

COFFEY, CHARLES
 Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY


COFFEY, CHARLES

Provider ID: 299584


Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1932297330

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY


DECONDE, ADAM


Provider ID: 299564

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR


LA JOLLA, CA 92093

 Phone: (858) 657-8590

 After Hours Phone: (858)
657-8590

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

DECONDE, ADAM

Provider ID: 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

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY


DECONDE, ADAM

Provider ID: 299565

Board Certified Specialty: No
UCSD MEDICAL GROUP


 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (858) 657-8590

 After Hours Phone: (858)
657-8590

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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


OTOLARYNGOLOGY

DECONDE, ADAM

Provider ID: 299566

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1588988919


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

GILANI, SAPIDEH


Provider ID: 299563

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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


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

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 299578

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1417988783

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL, UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-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

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: 299447

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
CHILDRENS HOSP OF LOS
ANGELES, PIH HEALTH
HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group

OTOLARYNGOLOGY


KARI, ELINA

Provider ID: 299448

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780860536

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 299442

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (858) 857-8590

☎ After Hours Phone: (858) 857-8590

Provider Gender: Female

NPI: 1780860536

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 299444

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780860536

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 294828

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

☎ Phone: (858) 857-8590

☎ After Hours Phone: (858) 857-8590

Provider Gender: Female

NPI: 1780860536

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network, UCSD Medical Group


OTOLARYNGOLOGY


MAGIT, ANTHONY

Provider ID: 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

N
Accessibility: CONTACT
PROVIDER
Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

MATSUOKA, AKIHIRO
Provider ID: 299588
Board Certified Specialty: No
UCSD MEDICAL GROUP
9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1669630653
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

STABENAU, KALEIGH

Provider ID: 311588

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STELLA

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

Medi-Cal Open Panel: Yes

Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL): Provider ID: 299643

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


WATSON, DEBORAH

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, UCSD
MEDICAL CTR


Medi-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
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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Cultural Competency: N
Hospital Affiliation: Stanford
Health Care, LUCILE SALTER
PACKARD CHILDRENS HOSP,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY






YAN, CAROL



Provider ID: 298415
Board Certified Specialty: No
UCSD MEDICAL GROUP
 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1619237260
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: Stanford
Health Care, LUCILE SALTER
PACKARD CHILDRENS HOSP,

UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY








YAN, CAROL

Provider ID: 298416
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1619237260
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: Stanford
Health Care, LUCILE SALTER
PACKARD CHILDRENS HOSP,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<p>Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group</p>	<p>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</p>	<p>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</p>
<p><u>PATHOLOGY ANATOMIC CLINICAL</u></p>	<p><u>PATHOLOGY ANATOMIC CLINICAL</u></p>	<p><u>PATHOLOGY ANATOMIC CLINICAL</u></p>
<p>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</p>	<p>AISAGBONHI, OMONIGHO Provider ID: 201304 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1043571045 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL</p>	<p>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</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
 ♿ 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

DON, MICHELLE
 Provider ID: 275816
 Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

 **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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

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

PHYSICIANS ASSISTANT

AINSWORTH, DELISSA
Provider ID: 243366
Board Certified Specialty: No
UCSD MEDICAL GROUP
 8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1750734893
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
UCSD MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

ALBRIGHT, KELSEY
Provider ID: 284764
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1235653148
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




 *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
 *Provider English Spoken: Y*
Cultural Competency: 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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

NPI: 1861624181

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

HUNTER, JACOB

Provider ID: 298431

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


HUNTER, JACOB

Provider ID: 279334

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8910 VILLA LA JOLLA DR
STE 100

LA JOLLA, CA 92037

 Phone: (800) 826-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
826-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

Medi-Cal Open Panel: Yes

Min/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

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





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



D. دليل مقدمي الخدمات المتخصصين

 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
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/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

 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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

MCADAMS, JOSEPH

Provider ID: 280612

Board Certified Specialty: No UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037


 *Phone: (800) 926-8273*


Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1104371251

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT


MERRILL, COREY

Provider ID: 258039

Board Certified Specialty: No UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

Provider Gender: Male

NPI: 1386032308

 *Provider English Spoken: Y*

Cultural Competency: N

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):

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*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

PELIO, DARREN


Provider ID: 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) 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين



 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

ROBERTS, AUDREY



Provider ID: 253254

Board Certified Specialty: No
UCSD MEDICAL GROUP

 *9300 CAMPUS POINT DR*
LA JOLLA, CA 92037
 *Phone: (619) 543-5540*
 *After Hours Phone: (619)*
543-5540

Provider Gender: Female

NPI: 1265960256

 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*


IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

ROBERTS, AUDREY



Provider ID: 253255

Board Certified Specialty: No
UCSD MEDICAL GROUP

 *9400 CAMPUS POINT DR*
LA JOLLA, CA 92093
 *Phone: (858) 657-7876*
 *After Hours Phone: (858)*
657-7876

Provider Gender: Female

NPI: 1265960256

 *Provider English Spoken: Y*
 *Provider Language(s)*
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT


ROMO, JORGE

Provider ID: 309983

Board Certified Specialty: No
UCSD MEDICAL GROUP


 *9300 CAMPUS POINT DR*
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)*
926-8273

Provider Gender: Male

NPI: 1275962383

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: EL
CENTRO REGIONAL MEDICAL
CENTER, UCSD MEDICAL CTR

Medi-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*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: SU 8AM-8PM

M-F 8AM-5PM

SA 8AM-8PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

<p align="center">PSYCHOLOGIST</p> <p>BOOTH, CHRISTOPHER Provider ID: 209117 Board Certified Specialty: No UCSD MEDICAL GROUP  8950 VILLA LA JOLLA DR STE C101 LA JOLLA, CA 92037  Phone: (800) 926-8273  After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1568893162  Provider English Spoken: Y Cultural Competency: N 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</p>	<p> After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1780620906  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group</p>	<p>CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group</p>
<p align="center">PSYCHOLOGIST</p> <p>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</p>	<p align="center">PSYCHOLOGIST</p> <p>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</p>	<p align="center">PSYCHOLOGIST</p> <p>BOUTELLE, KERRI Provider ID: 258988 Board Certified Specialty: No UCSD MEDICAL GROUP  8950 VILLA LA JOLLA DR STE C212 LA JOLLA, CA 92037  Phone: (858) 246-1654  After Hours Phone: (858) 246-1654 Provider Gender: Male NPI: 1780620906  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 Website: N/A
IPA: UCSD Medical Group

PSYCHOLOGIST

CHESHER, NICHOLAS

Provider ID: 273812
Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1124539697

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST


CRANDAL, BRENT

Provider ID: 291463

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8372

Provider Gender: Male

NPI: 1588739452

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST


DUARTE, KRISTEN


Provider ID: 255479

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1093119364

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PSYCHOLOGIST


DUARTE, KRISTEN

Provider ID: 255480

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1093119364

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes




Min/Max Age: 0\None

American Sign Language (ASL):

N


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 *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
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

PSYCHOLOGIST

EICHEN, DAWN




Provider ID: 302888
Board Certified Specialty: No




UCSD MEDICAL GROUP
 *3344 N TORREY PINES CT
LA JOLLA, CA 92037*
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800)
926-8273*

Provider Gender: Female
NPI: 1861043366
 *Provider English Spoken: Y*
Cultural Competency: N
*Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
*American Sign Language (ASL):
N*
 *Accessibility: CONTACT
PROVIDER*
 *Website: N/A*
IPA: UCSD Medical Group

PSYCHOLOGIST

EICHEN, DAWN

Provider ID: 245715
Board Certified Specialty: No
UCSD MEDICAL GROUP
 *8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037*
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800)
926-8273*
Provider Gender: Female

NPI: 1861043366
 *Provider English Spoken: Y*
Cultural Competency: N
*Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR*
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
*American Sign Language (ASL):
N*
 *Accessibility: CONTACT
PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: UCSD Medical Group

PSYCHOLOGIST

EICHEN, DAWN

Provider ID: 259524
Board Certified Specialty: No
UCSD MEDICAL GROUP
 *8950 VILLA LA JOLLA DR
STE C212
LA JOLLA, CA 92037*
 *Phone: (858) 246-1654*
Fax: (858) 246-3181
 *After Hours Phone: (858)
246-1654*
Provider Gender: Female
NPI: 1861043366
 *Provider English Spoken: Y*
Cultural Competency: N
*Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 279058

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

LASSWELL, EVE


Provider ID: 208260


Board Certified Specialty: No

UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1013483635

 Provider English Spoken: Y
Cultural Competency: 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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

PSYCHOLOGIST


REED, KRISTIE

Provider ID: 302867

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3344 N TORREY PINES CT
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1679869556

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-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

 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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<p>N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group</p>	<p>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):</p>	<p>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):</p>
<p>PSYCHOLOGIST ZLATAR, ZVINKA Provider ID: 272712 Board Certified Specialty: No UCSD MEDICAL GROUP 9444 MEDICAL CENTER DR LA JOLLA, CA 92037 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1497139059 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL):</p>	<p>N Accessibility: CONTACT PROVIDER Website: N/A IPA: UCSD Medical Group</p>	<p>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</p>
<p>PULMONARY DISEASES BAILEY, JACOB</p>	<p>PULMONARY DISEASES JOSHUA, JISHA Provider ID: 238060 Board Certified Specialty: No UCSD MEDICAL GROUP 9300 CAMPUS POINT DR LA JOLLA, CA 92037 Phone: (800) 926-8273 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1023436417 Provider English Spoken: Y</p>	

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL): Board Certified Specialty: No
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

UCSD MEDICAL GROUP

📍 9300 CAMPUS 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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


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
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

 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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


THORNTON, Stanford Health Care, STANFORD HEALTH CARE TRI-VALLEY
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

HANNSUN, GEMMY


Provider ID: 282790
 Board Certified Specialty: No
 UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1992120026

 Provider English Spoken: Y

 Provider Language(s) Spoken: Khmer, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA




JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IPA: UCSD Medical Group

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PROVIDER
 Website: N/A
 IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

HORKY, LAURA

Provider ID: 241854
 Board Certified Specialty: No
 UCSD MEDICAL GROUP


 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273


Provider Gender: Female
 NPI: 1598967812

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

HORKY, LAURA


Provider ID: 241855
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
 LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)
 926-8273


Provider Gender: Female
 NPI: 1598967812


 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC


JAFFRAY, PAUL

Provider ID: 299959
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
 926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y

Cultural Competency: N
 Hospital Affiliation: Los
 Angeles General Medical
 Center, UCSD MEDICAL CTR

Medi-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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


MEDICAL CTR

Medi-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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

SLATER, JERRY


Provider ID: 283311

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1851746382

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON, LOMA LINDA
UNIVERSITY MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

SPENGLER, NATHAN

Provider ID: 303050

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1992919666

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, UCSD

MEDICAL CTR

Medi-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


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): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


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): American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Website: N/A

IPA: UCSD Medical Group

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


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):


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

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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

NPI: 1790146611

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

ZAPALA, MATTHEW

Provider ID: 307677

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: 1346482809

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF

MEDICAL CENTER, UCSF

Medical Center At Mission Bay,

UCSF MEDICAL CENTER AT

MOUNT ZION, VALLEY

CHILDRENS 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

REGISTERED DIETITIAN / NUTRITIONIST

SIEVERING, DENISE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
Cultural Competency: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

REGISTERED PHYSICAL THERAPIST

BUNOSKY, ABIGAIL

Provider ID: 246021

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE LLD

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1780018416

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

CHIEN, PEI

Provider ID: 214699

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1891260238

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

CHIEN, PEI

Provider ID: 258324

Board Certified Specialty: No
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR
STE LLD

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1891260238

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese

Cultural Competency: N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 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
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



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

CTR
Medi-Cal Open Panel: Yes
Min/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):
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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

926-8273
Provider Gender: Male
NPI: 1568938413
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

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)
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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):

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

Provider ID: 265338

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1972936813

Provider English Spoken: Y

Provider Language(s) Spoken: Sign Language

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY COLON SURGERY

LIU, SHANGLEI

Provider ID: 273364

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1043558653

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):

N

Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




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
 UCSD MEDICAL GROUP

 9300 CAMPUS 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

Min/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):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL


AL-NOURI, OMAR


Provider ID: 211904

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

VASCULAR

BARLEBEN, ANDREW

Provider ID: 275371

Board Certified Specialty: Yes

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1497936900

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL

VASCULAR

BARLEBEN, ANDREW

Provider ID: 275373

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR
FL 1

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1497936900

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL

VASCULAR

GAFFEY, ANN

Provider ID: 287012

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY HAND ORTHOPEDIC

STEPHENSON, SAMUEL


Provider ID: 284935

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1578058665

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY HAND ORTHOPEDIC

STEPHENSON, SAMUEL

Provider ID: 284936

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1578058665

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

☎ 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

Medi-Cal Open Panel: Yes

Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<p>N 🗿 Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group</p>	<p>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</p>	<p>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</p>
<p>SURGERY ORTHOPEDIC CHOI, JIHOON Provider ID: 284787 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1285097741 🗿 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p>	<p>N 🗿 Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group</p>	<p>SURGERY ORTHOPEDIC GOEB, YANNICK Provider ID: 284792 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 9400 CAMPUS POINT DR LA JOLLA, CA 92093 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1730542747 🗿 Provider English Spoken: Y 🗿 Provider Language(s) Spoken: German, Spanish</p>
<p>SURGERY ORTHOPEDIC CHOI, JIHOON Provider ID: 284787 Board Certified Specialty: No UCSD MEDICAL GROUP 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037 ☎ Phone: (800) 926-8273 Fax: (888) 539-8781 📞 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1285097741 🗿 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p>	<p>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</p>	

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes


Min/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

HURVITZ, ANDREW


Provider ID: 311581

Board Certified Specialty: No
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 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: 311582

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: 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


KUSNEZOV, NICHOLAS

Provider ID: 303194

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 9834 GENESEE AVE STE
228

LA JOLLA, CA 92037

 Phone: (858) 455-9942


Fax: (858) 455-6473

 After Hours Phone: (858)

455-9942

Provider Gender: Male

NPI: 1396185161

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, TRI CITY MEDICAL

CTR, PARADISE VALLEY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC

PALLIA, CHRISTOPHER

Provider ID: 302103

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 9834 GENESEE AVE STE

228

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

SULLIVAN, THOMAS
Provider ID: 285246
Board Certified Specialty: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1437565488
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY 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

SURGERY PLASTIC




HINCHCLIFF, KATHARINE
Provider ID: 277289
Board Certified Specialty: No
UCSD MEDICAL GROUP
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1346674561
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 Website: N/A
 IPA: Rady Childrens Health
 Network, UCSD Medical Group


SURGERY PLASTIC

REID, CHRISTOPHER

Provider ID: 224796
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273
 Provider Gender: Male
 NPI: 1982964276
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
 Network, UCSD Medical Group


SURGERY THORACIC


BOYS, JOSHUA

Provider ID: 243533
 Board Certified Specialty: No

UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037

 Phone: (858) 657-7777

 After Hours Phone: (858)
 657-7777

Provider Gender: Male

NPI: 1114368990

 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

SURGERY THORACIC

KEARNS, MARK

Provider ID: 274296
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR
 LA JOLLA, CA 92037


 Phone: (858) 657-8817


Fax: (888) 539-8781

 After Hours Phone: (858)
 657-8817

Provider Gender: Male

NPI: 1033683719

 Provider English Spoken: Y

 Provider Language(s)

Spoken: French

Cultural Competency: N

Hospital Affiliation: CEDARS

SINAI MEDICAL CENTER,

UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


SURGERY THORACIC

KEARNS, MARK

Provider ID: 274297
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR
 FL 1

LA JOLLA, CA 92037

 Phone: (858) 647-8817

Fax: (858) 853-9878

 After Hours Phone: (858)
 647-8817

Provider Gender: Male

NPI: 1033683719

 Provider English Spoken: Y




 Provider Language(s)

Spoken: French

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



D. دليل مقدمي الخدمات المتخصصين



Cultural Competency: N
Hospital Affiliation: CEDARS
SINAI MEDICAL CENTER,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

SURGERY THORACIC








POLLEMA, TRAVIS

Provider ID: 210576
Board Certified Specialty: No
UCSD MEDICAL GROUP
 9434 MEDICAL CENTER DR
FL 1
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1871752956
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

☎ 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

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

📍 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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 8:30AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

LANE, KIMBERLY

Provider ID: 295955

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 8851 CENTER DR STE 501
LA MESA, CA 91942

 Phone: (619) 697-2456

Fax: (858) 429-7930

 After Hours Phone: (619)
697-2456

Provider Gender: Female

NPI: 1457670119

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER


RESTELLI, LYNDSEY


Provider ID: 217692

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942

 Phone: (619) 464-6434

 After Hours Phone: (619)
464-6434

Provider Gender: Female

NPI: 1558854000

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE

PRACTITIONER


RESTELLI, LYNDSEY


Provider ID: 217693

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 8881 FLETCHER PKWY STE
205

LA MESA, CA 91942

 Phone: (619) 464-6434

 After Hours Phone: (619)
464-6434

Provider Gender: Female

NPI: 1558854000

 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

☎ 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\19

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\19

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

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
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

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\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

MATERNAL AND FETAL

MEDICINE

ADAMI, REBECCA

Provider ID: 272676

Board Certified Specialty: No

RADY CHILDRENS HEALTH

MATERNAL AND FETAL

MEDICINE

MCCULLOUGH, DEIRDRE

Provider ID: 244873

Board Certified Specialty: No

RADY CHILDRENS HEALTH

MATERNAL AND FETAL

MEDICINE

MELBER, DORA

Provider ID: 296997

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA

Provider ID: 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\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA

Provider ID: 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\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: 277317

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

5555 GROSSMONT
CENTER DR

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

MATERNAL AND FETAL MEDICINE

SCHWENDEMANN, WADE
Provider ID: 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):
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
American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

OPHTHALMOLOGY

BARNARD, LUKE
Provider ID: 311673
Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

COMMUNITY CARE IPA LLC

5565 GROSSMONT CENTER DR STE 551 LA MESA, CA 91942
 Phone: (619) 465-2020
 Fax: (619) 698-1189
 After Hours Phone: (619) 465-2020
 Provider Gender: Male
 NPI: 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-4:30PM
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

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: (619) 465-2020
 Fax: (619) 698-1189
 After Hours Phone: (619) 465-2020

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):

OPHTHALMOLOGY

HUDSON, HENRY

Provider ID: 306768
 Board Certified Specialty: Yes
 UCSD MEDICAL GROUP

5565 GROSSMONT CENTER DR STE 551 LA MESA, CA 91942
 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):

OPHTHALMOLOGY

HUDSON, HENRY

Provider ID: 297578
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP




7339 EL CAJON BLVD STE J AND K LA MESA, CA 91942
 Phone: (626) 412-4040
 Fax: (760) 267-9160
 After Hours Phone: (626) 412-4040
 Provider Gender: Male
 NPI: 1851349195
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRI

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين






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-4:30PM
 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
 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

OPTOMETRIST

AOTO, KIM

Provider ID: 288652
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 7339 EL CAJON BLVD STE
J AND K
LA MESA, CA 91942
 Phone: (619) 722-8460
Fax: (619) 722-8465
 After Hours Phone: (619)
722-8460
Provider Gender: Female
NPI: 1780935650
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None








American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OTOLARYNGOLOGY

MOSHTAGHI, OMID

Provider ID: 302380
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 5565 GROSSMONT
CENTER DR BLDG 3 STE
101
LA MESA, CA 91942
 Phone: (619) 464-3353
Fax: (619) 464-6720
 After Hours Phone: (619)
464-3353
Provider Gender: Male
NPI: 1730675927
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, Sharp
Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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) 464-6270

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

Website: N/A

IPA: Community Care IPA LLC

PEDIATRIC EMERGENCY MEDICINE

VARGAS, JACLYN

Provider ID: 285936

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

5555 GROSSMONT
CENTER DR
LA MESA, CA 91942

Phone: (858) 966-6710
Fax: (858) 966-6711

After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1619359718

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, Los Angeles General
Medical Center, 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

CLAY, CORRIE

Provider ID: 278807

Board Certified Specialty: No
BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

8881 FLETCHER PKWY STE
200
LA MESA, CA 91942

Phone: (619) 464-6434
Fax: (619) 464-5109

After Hours Phone: (619)
464-6434

Provider Gender: Female

NPI: 1437207750

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT
HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM
SA 11:30AM-3:30PM

Website: N/A

IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

PHYSICIANS ASSISTANT

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider Gender: Male

NPI: 1164729125

 Provider English Spoken: Y

 Provider Language(s)
Spoken: French, Haitian
Creole

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC

PHYSICIANS ASSISTANT


WHITE, KYLE

Provider ID: 302382

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 5565 GROSSMONT
CENTER DR BLDG 3 STE
101

LA MESA, CA 91942

 Phone: (619) 464-3353

Fax: (619) 464-7509

 After Hours Phone: (619)
464-3353

Provider Gender: Male

NPI: 1922768860


 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


PODIATRIST

CAINE, SAMUEL


Provider ID: 308213

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 5565 GROSSMONT
CENTER DR STE 510
LA MESA, CA 91942

 Phone: (619) 303-7130

Fax: (619) 303-7150

 After Hours Phone: (619)
303-7130

Provider Gender: Male

NPI: 1396230298

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp

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


PODIATRIST

CAINE, SAMUEL


Provider ID: 308638

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 5565 GROSSMONT
CENTER DR STE 510
LA MESA, CA 91942

 Phone: (619) 303-7130

Fax: (619) 303-7150

 After Hours Phone: (619)
303-7130

Provider Gender: Male

NPI: 1396230298

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Sharp

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

RADIATION ONCOLOGY

CARMONA, RUBEN

Provider ID: 303099

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 5555 GROSSMONT
CENTER DR
LA MESA, CA 91942

📞 Phone: (619) 740-4500

Fax: (619) 740-8499

🕒 After Hours Phone: (619)
740-4500

Provider Gender: Male

NPI: 1275929242

📄 Provider English Spoken: Y

📄 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

RADIATION ONCOLOGY

COLEMAN, LORI

Provider ID: 221089

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 5555 GROSSMONT
CENTER DR
LA MESA, CA 91942

📞 Phone: (619) 740-4500

Fax: (619) 740-8499

🕒 After Hours Phone: (619)
740-4500

Provider Gender: Female

NPI: 1053348920

📄 Provider English Spoken: Y

📄 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,

PALOMAR MEDICAL CENTER,

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
 🕒 Hours: M-F 9AM-5PM
 🌐 Website: N/A
 IPA: Imperial Health Holdings Medical Group-SD

LAKE ELSINORE

OPTOMETRIST


GEE, JENNIFER
 Provider ID: 290211
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 📍 30195 FRASER DR LAKE ELSINORE, CA 92530

☎ Phone: (951) 252-2720
 Fax: (760) 414-3892
 ☎ After Hours Phone: (951) 252-2720
 Provider Gender: Female
 NPI: 1336589332
 ☐ Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 ♿ Accessibility: CONTACT PROVIDER
 🌐 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP


OPTOMETRIST

MORA, WENDY
 Provider ID: 290239
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 📍 30195 FRASER DR LAKE ELSINORE, CA 92530
 ☎ Phone: (951) 252-2720
 Fax: (760) 414-3892
 ☎ After Hours Phone: (951) 252-2720
 Provider Gender: Female
 NPI: 1376958389
 ☐ Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*


 *Website: N/A*
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

TAM, EMILY

Provider ID: 290319
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 30195 FRASER DR
LAKE ELSINORE, CA 92530

 *Phone: (951) 252-2720*


Fax: (760) 414-3892

 *After Hours Phone: (951) 252-2720*

Provider Gender: Female

NPI: 1497161236

 *Provider English Spoken: Y*

 *Provider Language(s)*
Spoken: Chinese, Mandarin,
Yue Chinese

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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: (619) 390-9975*

Fax: (360) 462-2744

 *After Hours Phone: (619) 390-9975*

Provider Gender: Male

NPI: 1487323119

 *Provider English Spoken: Y*
Cultural Competency: N


Medi-Cal Open 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

MORENO VALLEY


OPTOMETRIST

BULLUM, ANTHONY

Provider ID: 290330

Board Certified Specialty: No
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

HYLTON, DIANA


Provider ID: 241738

Board Certified Specialty: No
UCSD MEDICAL GROUP

 25500 MEDICAL CENTER
DR

MURRIETA, CA 92562

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1932527751

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY


KRAUSE, MARTIN

Provider ID: 287655

Board Certified Specialty: No
UCSD MEDICAL GROUP

 25500 MEDICAL CENTER
DR

MURRIETA, CA 92562

 Phone: (951) 696-6000

Fax: (951) 677-9757

 After Hours Phone: (951)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

CERTIFIED NURSE PRACTITIONER

HEAD, KRISTIN
Provider ID: 268658
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 25170 HANCOCK AVE STE 1
MURRIETA, CA 92562
☎ Phone: (951) 600-1640
Fax: (951) 600-1760
🕒 After Hours Phone: (951)
600-1640
Provider Gender: Female
NPI: 1699078923
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.








D. دليل مقدمي الخدمات المتخصصين

M-F 8AM-5PM
SA 8:30AM-12PM

 Website: N/A
IPA: Rady Childrens Health
Network








CERTIFIED NURSE PRACTITIONER

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
 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

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: Yes
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19
American Sign Language (ASL): N
Accessibility: CONTACT
PROVIDER
Website: N/A
IPA: Rady Childrens Health
Network

EMERGENCY MEDICINE

LI, JINGHONG

Provider ID: 255941
Board Certified Specialty: No
UCSD MEDICAL GROUP
25500 MEDICAL CENTER
DR
MURRIETA, CA 92562
Phone: (951) 696-6000

After Hours Phone: (951) 696-6000
Provider Gender: Female
NPI: 1619014479
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





D. دليل مقدمي الخدمات المتخصصين

 *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
 *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

TRAN, LINH






Provider ID: 210573
Board Certified Specialty: No
UCSD MEDICAL GROUP
 41011 CALIFORNIA OAKS RD STE 104
MURRIETA, CA 92562
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Female
NPI: 1851682728
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST

HEALTHCARE RANCHO SPRINGS HOSPITAL, 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

INTERVENTIONAL







CARDIOLOGY

AL KHIAMI, BELAL

Provider ID: 275994
Board Certified Specialty: No
UCSD MEDICAL GROUP
 28062 BAXTER RD
MURRIETA, CA 92563
 *Phone: (951) 290-4000*
Fax: (888) 539-8781
 *After Hours Phone: (951) 290-4000*
Provider Gender: Male
NPI: 1861623506
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Arabic*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, PIONEERS MEMORIAL HOSPITAL, EL CENTRO

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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	Medi-Cal Open Panel: Yes Min/Max Age: 0\19 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: UCSD Medical Group	 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
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO,
SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL


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
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO,

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
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

SOUTHWEST HEALTHCARE
INLAND VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network, UCSD Medical Group

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
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

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
VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):




N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE

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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N






اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



D. دليل مقدمي الخدمات المتخصصين

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

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
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network








NEUROLOGY

GOLD, JEFFREY

Provider ID: 283334
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
 Phone: (951) 600-1640
Fax: (951) 600-1760
 After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1568773984
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

JINDAL, ANUJA

Provider ID: 215521
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 25170 HANCOCK AVE
MURRIETA, CA 92562
 Phone: (951) 600-1640
Fax: (951) 600-1760
 After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1194046581
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

SAHAGIAN, MICHELLE

Provider ID: 283166
Board Certified Specialty: No
RADY CHILDRENS HEALTH

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

NETWORK

25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1275604035

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY CHILD

GOLD, JEFFREY

Provider ID: 215691

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)
600-1640

Provider Gender: Male

NPI: 1568773984

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL

OAKLAND, SHARP MEMORIAL
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY CHILD

GUIDO-ESTRADA, NATALIE

Provider ID: 215442

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1528353521

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY CHILD

KIMMCMANUS, OLIVIA

Provider ID: 215666

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1174870067

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, CHILDRENS
HOSPITAL OF ORANGE
COUNTY, RADY CHILDRENS
HOSPITAL SAN DIEGO, UCSD
MEDICAL CTR

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): CENTER

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

American Sign Language (ASL):


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


OPHTHALMOLOGY

BHATIA, SHAGUN

Provider ID: 267317

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1104237353

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO,
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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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 DIEGO, 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

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\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

YAMANE, MAYA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\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: 215684
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640

Fax: (951) 600-1760
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1760707657
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

CARVALHO, DANIELA

Provider ID: 215332
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1154492916
Provider English Spoken: Y
Provider Language(s) Spoken: French, Spanish

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Provider ID: 215564

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): IPA: Rady Childrens Health

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

 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
HOSPITAL - WHITTIER, UCSD
LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group


OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 254296

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

 Phone: (951) 600-1640

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ *After Hours Phone: (951) 600-1640*
Provider Gender: Female
NPI: 1780860536
☑ *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation:
CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ *Accessibility: CONTACT PROVIDER*
🕒 *Hours: M-F 8AM-5PM*
🌐 *Website: N/A*
IPA: Rady Childrens Health Network, UCSD Medical Group

OTOLARYNGOLOGY

PATEL, VIJAY
Provider ID: 297034
Board Certified Specialty: 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*

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 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\19
American Sign Language (ASL): N
♿ *Accessibility: CONTACT PROVIDER*
🕒 *Hours: M-F 8AM-5PM*
🌐 *Website: N/A*
IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

COLLINS, CATHLEEN
Provider ID: 215733
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 25170 HANCOCK AVE MURRIETA, CA 92562
☎ *Phone: (951) 600-1640*
Fax: (951) 600-1760
☎ *After Hours Phone: (951) 600-1640*
Provider Gender: Female
NPI: 1205128089
☑ *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: LUCILE SALTER PACKARD CHILDRENS HOSP, Stanford Health Care, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes


Min/Max 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

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):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

MCCANDLESS, RACHEL

Provider ID: 215601

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951)
600-1640

Provider Gender: Female
NPI: 1487821815

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

NARAYAN, HARI

Provider ID: 239114
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951)
600-1640
Provider Gender: Male

NPI: 1376705707

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

SILVASEPULVEDA, JOSE

Provider ID: 215679
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE
MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951)
600-1640

Provider Gender: Male
NPI: 1417222472

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.








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\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: Rady Childrens Health Network

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\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

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

DO, STEPHANIE

INDRA, SEAN
 Provider ID: 302626
 Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: Rady Childrens Health Network

25170 HANCOCK AVE STE 150

MURRIETA, CA 92562

Phone: (858) 966-7800

Fax: (858) 966-8231

After Hours Phone: (858) 966-7800

Provider Gender: Female

NPI: 1609495399

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health Network

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

KINGDON, JOANNA

Provider ID: 302318

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

PEDIATRIC EMERGENCY MEDICINE

MESIWALA, ADNAN

Provider ID: 275655

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25500 MEDICAL CENTER

PEDIATRIC EMERGENCY MEDICINE

MILLS, DAVID

Provider ID: 302147

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

25500 MEDICAL CENTER DR

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE


SCHROTER, STEPHANIE


Provider ID: 243831

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 25500 MEDICAL CENTER
DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

 After Hours Phone: (951)
696-6124

Provider Gender: Female

NPI: 1073951828

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, 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:
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

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\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

PEDIATRIC EMERGENCY MEDICINE	TRAN, THERESA	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	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\19 American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: Rady Childrens Health Network	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\19 American Sign Language (ASL): N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: Rady Childrens Health Network
PEDIATRIC EMERGENCY MEDICINE	PEDIATRIC EMERGENCY	PEDIATRIC ENDOCRINOLOGY
		RANADIVE, SAYALI Provider ID: 311395 Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC ENDOCRINOLOGY

SINGH, PUJA

Provider ID: 302819

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1841721172

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

PEDIATRIC

GASTROENTEROLOGY

CHU, CHRISTOPHER

Provider ID: 301640

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Male

NPI: 1912369273

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Yue
Chinese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max 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: 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\19

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\19

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: 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\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network

PEDIATRIC PULMONOLOGY

LENHART-PENDERGRASS, PATRICIA

Provider ID: 294382

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Phone: (951) 600-1640
Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Female
NPI: 1740316405

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

NGO, MAI

Provider ID: 302112

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

25170 HANCOCK AVE STE 1
MURRIETA, CA 92562

Phone: (951) 600-1640
Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Female
NPI: 1508910787

Provider English Spoken: Y
Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSF
BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF
MEDICAL CENTER, RADY

CHILDRENS HOSPITAL SAN

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


PEDIATRICS


PATTERSON, MARY

Provider ID: 215677

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1912112020

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


PEDIATRICS


VARGASTRUJILLO, MARCELA

Provider ID: 215602

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)
600-1640

Provider Gender: Female

NPI: 1952534091

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PHYSICAL MEDICINE / REHABILITATION


ALGRA, JEFFREY


Provider ID: 215644

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE
MURRIETA, CA 92562

 Phone: (951) 600-1640

 Fax: (951) 600-1760

 After Hours Phone: (951)
600-1640

Provider Gender: Male

NPI: 1457664518

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

BIFFL, SUSAN

Provider ID: 283113

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MURRIETA, CA 92562
☎ Phone: (951) 600-1640
Fax: (951) 600-1760
🕒 After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1366589640
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

DALAL, PRITHA
Provider ID: 215665
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 25170 HANCOCK AVE
MURRIETA, CA 92562
☎ Phone: (951) 600-1640
Fax: (951) 600-1760
🕒 After Hours Phone: (951) 600-1640
Provider Gender: Female

NPI: 1609017532
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

RYAN, KYLE
Provider ID: 275662
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562
☎ Phone: (951) 600-1640
Fax: (951) 600-1760
🕒 After Hours Phone: (951) 600-1640
Provider Gender: Male
NPI: 1447645742
🗣 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network


PHYSICAL MEDICINE / REHABILITATION

SCOTT-WYARD, PHOEBE
Provider ID: 283086
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 25170 HANCOCK AVE
MURRIETA, CA 92562
☎ Phone: (951) 600-1640
Fax: (951) 600-1760
🕒 After Hours Phone: (951) 600-1640
Provider Gender: Female
NPI: 1336356203
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PHYSICAL MEDICINE / REHABILITATION

SKALSKY, ANDREW


Provider ID: 215522

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE
MURRIETA, CA 92562


 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Male

NPI: 1487635272

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT


ANWAR, YASMIN

Provider ID: 300845

Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP

 25495 MEDICAL CENTER
DR STE 200

MURRIETA, CA 92562


 Phone: (951) 304-7546


Fax: (951) 696-5872

 After Hours Phone: (951) 304-7546

Provider Gender: Female

NPI: 1588602247

 Provider English Spoken: Y

 Provider Language(s) Spoken: Persian, Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


PHYSICIANS ASSISTANT

RODRIGUES, ANNETTE


Provider ID: 302453

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE FL 1
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1205381845

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PULMONARY DISEASES


KUMAR, AVNEE

Provider ID: 300014

Board Certified Specialty: No
UCSD MEDICAL GROUP

 25500 MEDICAL CENTER
DR

MURRIETA, CA 92562

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

PULMONARY DISEASES

SURI, RAJAT

Provider ID: 283350
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 25500 MEDICAL CENTER
 DR
 MURRIETA, CA 92562
 Phone: (951) 677-1111
 Fax: (951) 677-9757
 After Hours Phone: (951)
 677-1111
 Provider Gender: Male
 NPI: 1144615337
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON, 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):




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network





SURGERY GENERAL
VASCULAR

HOWE, STEVEN

Provider ID: 206761
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 28062 BAXTER RD
 MURRIETA, CA 92563
 Phone: (877) 558-6248
 After Hours Phone: (877) 558-6248
 Provider Gender: Male
 NPI: 1497702740
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR, UCSD LA
 JOLLA JOHN SALLY
 THORNTON, TRI CITY
 MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group









SURGERY ORTHOPEDIC

CHENG, YU-TSUN

Provider ID: 301902
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 25170 HANCOCK AVE
 MURRIETA, CA 92562
 Phone: (951) 600-1640
 Fax: (951) 600-1760
 After Hours Phone: (951) 600-1640
 Provider Gender: Male
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MURRIETA, CA 92562
Phone: (951) 600-1640
After Hours Phone: (951) 600-1640

Provider Gender: Male

NPI: 1598979593

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

SURGERY 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

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\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

SURGERY THORACIC

HOWE, STEVEN

Provider ID: 210169

Board Certified Specialty: No
UCSD MEDICAL GROUP

41011 CALIFORNIA OAKS RD STE 104
MURRIETA, CA 92562

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1497702740

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

🕒 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
 🌐 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

CUNNINGHAM, ISIS

Provider ID: 302115
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 📍 655 EUCLID AVE STE 205
 NATIONAL CITY, CA 91950
 📞 Phone: (619) 470-1945
 Fax: (619) 475-5048
 🕒 After Hours Phone: (619)
 470-1945
 Provider Gender: Female
 NPI: 1770124927
 🗳️ Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 ♿ Accessibility: CONTACT
 PROVIDER
 🕒 Hours: M-F 9AM-5PM
 🌐 Website: N/A
 IPA: Rady Childrens Health
 Network

CERTIFIED NURSE PRACTITIONER

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) 434-1613
 🕒 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

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



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 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

MCCULLOUGH, LYAN
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

CERTIFIED NURSE PRACTITIONER

NOVENO, HILARIO JR
Provider ID: 297836
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950
 Phone: (844) 200-2426
Fax: (619) 474-4008

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ After Hours Phone: (844)
200-2426

Provider Gender: Male

NPI: 1124486865

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Arabic, Spanish,
Tagalog

Cultural Competency: N

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-6PM

🌐 Website: N/A

IPA: Community Care IPA LLC,
UCSD Medical Group

CHIROPRACTOR

GILIBERTO, JOSEPH

Provider ID: 291548

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 2835 HIGHLAND AVE
NATIONAL CITY, CA 91950

☎ Phone: (844) 200-2426

Fax: (619) 399-5959

☎ After Hours Phone: (844)
200-2426

Provider Gender: Male

NPI: 1821463159

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

DERMATOLOGY

LIN, SHINKO

Provider ID: 306319

Board Certified Specialty: Yes

IHP OF SOUTHERN CAL-PHP

📍 655 EUCLID AVE STE 304
NATIONAL CITY, CA 91950

☎ Phone: (619) 267-8303

Fax: (619) 267-4835

☎ After Hours Phone: (619)
267-8303

Provider Gender: Female

NPI: 1205130036

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F

8:30AM-4:30PM

🌐 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

DERMATOLOGY

LIN, SHINKO

Provider ID: 308216

Board Certified Specialty: Yes

COMMUNITY CARE IPA LLC

📍 655 EUCLID AVE STE 304
NATIONAL CITY, CA 91950

☎ Phone: (619) 267-8303

Fax: (619) 267-4835

☎ After Hours Phone: (619)
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين









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) 529-2807
 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 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
 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): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD

INTERVENTIONAL CARDIOLOGY

CAMACHO, BENJAMIN
 Provider ID: 269129
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 1615 SWEETWATER RD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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

Fax: (619) 512-1913

After Hours Phone: (619) 512-1915

Provider Gender: Male

NPI: 1407997406

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR, SCRIPPS MERCY

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

INTERVENTIONAL

CARDIOLOGY

ROUGH, STEVEN

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD


INTERVENTIONAL CARDIOLOGY

ROUGH, STEVEN

Provider ID: 302043

Board Certified Specialty: No
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

 1415 E 8TH ST STE 6
NATIONAL CITY, CA 91950

 Phone: (619) 434-4288

Fax: (619) 434-4315

 After Hours Phone: (619)
434-4288

Provider Gender: Male

NPI: 1386821460

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD


INTERVENTIONAL CARDIOLOGY

ROUGH, STEVEN


Provider ID: 301320

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1415 E 8TH ST STE 6
NATIONAL CITY, CA 91950


 Phone: (619) 434-4288


Fax: (619) 434-4315

 After Hours Phone: (619)
434-4288

Provider Gender: Male

NPI: 1386821460

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD


NEPHROLOGY

COMUNALE, RODERICK

Provider ID: 290784

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 502 EUCLID AVE STE 205
NATIONAL CITY, CA 91950


 Phone: (858) 551-0276


Fax: (858) 454-8796

 After Hours Phone: (858)
551-0276

Provider Gender: Male

NPI: 1568462109

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, PARADISE
VALLEY HOSPITAL, SCRIPPS
MERCY HOSPITAL, KINDRED
HOSPITAL SAN DIEGO,
SELECT SPECIALTY HOSPITAL
SAN DIEGO, UC SAN DIEGO
HEALTH - EAST CAMPUS
MEDICAL CENTER, UC SAN

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


DIEGO HEALTH - EAST
CAMPUS MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

DELROSARIO, GELEN


Provider ID: 257478

Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

 502 EUCLID AVE STE 300
NATIONAL CITY, CA 91950


 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT,
Community Care IPA LLC,

Rady Childrens Health

Network

OBSTETRICS / GYNECOLOGY


DELROSARIO, GELEN

Provider ID: 269247

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 502 EUCLID AVE STE 300
NATIONAL CITY, CA 91950


 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
PARADISE VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT,

Community Care IPA LLC,

Rady Childrens Health

Network

OBSTETRICS / GYNECOLOGY

DELROSARIO, GELEN


Provider ID: 206092

Board Certified Specialty: No


RADY CHILDRENS HEALTH

NETWORK

 502 EUCLID AVE STE 300
NATIONAL CITY, CA 91950


 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

HEALTH PLAN DIRECT,
Community Care IPA LLC,
Rady Childrens Health
Network

OBSTETRICS / GYNECOLOGY

WINESBURG, JENNIFER

Provider ID: 302451
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

2400 E 8TH ST STE 8
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

BARNARD, LUKE

Provider ID: 311674

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)
472-1010

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-4:30PM

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: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)
472-1010

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-4:30PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

OPTOMETRIST

AOTO, KIM

Provider ID: 268722

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

2240 E PLAZA BLVD STE
F-G

NATIONAL CITY, CA 91950

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)
898-2020

Provider Gender: Female

NPI: 1780935650

Provider English Spoken: Y
Provider Language(s)

Spoken: Vietnamese

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


OPTOMETRIST

KOO, ANITA

Provider ID: 306903

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 1520 E PLAZA BLVD
NATIONAL CITY, CA 91950

 Phone: (619) 425-7755

Fax: (619) 425-2138

 After Hours Phone: (619)
425-7755

Provider Gender: Female

NPI: 1669825667


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


OPTOMETRIST

KOO, ANITA

Provider ID: 304538

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1520 E PLAZA BLVD
NATIONAL CITY, CA 91950


 Phone: (619) 425-7755

Fax: (619) 425-2138

 After Hours Phone: (619)
425-7755

Provider Gender: Female

NPI: 1669825667


 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


OPTOMETRIST

KOO, ANITA

Provider ID: 307113

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 474-2284


Fax: (619) 474-3919

 After Hours Phone: (619)

474-2284

Provider Gender: Female


NPI: 1669825667


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


OPTOMETRIST

KOO, ANITA


Provider ID: 307171

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950


 Phone: (619) 474-2284

Fax: (619) 474-3919

 After Hours Phone: (619)
474-2284

Provider Gender: Female

NPI: 1669825667

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


OPTOMETRIST

THACH, QUEEN

Provider ID: 310537

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1520 E PLAZA BLVD
NATIONAL CITY, CA 91950

 Phone: (619) 425-7755

Fax: (619) 425-2138

 After Hours Phone: (619)
425-7755

Provider Gender: Female

NPI: 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 8:30AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


PODIATRIST

ATMAR, AKMAL


Provider ID: 269784

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 2345 E 8TH ST STE 105
NATIONAL CITY, CA 91950


 Phone: (929) 287-4511


Fax: (877) 671-6835

 After Hours Phone: (929)
287-4511

Provider Gender: Male

NPI: 1558656637

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, Persian, Urdu

Cultural Competency: N


Hospital Affiliation: PARADISE
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


PODIATRIST

CAINE, SAMUEL

Provider ID: 308637

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950

 Phone: (619) 292-2493

Fax: (619) 618-0222

 After Hours Phone: (619)
292-2493

Provider Gender: Male

NPI: 1396230298

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: Sharp
Grossmont Hospital, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL, SHARP MEMORIAL
HOSPITAL, SHARP CHULA
VISTA MED CTR, SHARP
CORONADO HOSP AND
HEALTHCARE CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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: 308212

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950


 Phone: (619) 292-2493

Fax: (619) 618-0222

 After Hours Phone: (619)
292-2493

Provider Gender: Male

NPI: 1396230298

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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
🕒 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: 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,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


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-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: 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

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: 286784

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950

☎ Phone: (619) 482-3000

Fax: (619) 695-0050

☎ After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1447723937

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 7AM-6PM

🌐 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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 7AM-6PM

🌐 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): IHP of Southern Cal-PHP
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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين





 3400 E 8TH ST STE 108
 NATIONAL CITY, CA 91950
 Phone: (619) 482-3000
 Fax: (619) 695-0050
 After Hours Phone: (619)
 482-3000
 Provider Gender: Male
 NPI: 1063046878
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: 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

NPI: 1205949914
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP






 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation:
 GROSSMONT HOSPITAL,
 SCRIPPS MERCY HOSPITAL,
 SHARP CORONADO HOSP
 AND HEALTHCARE CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OCEANSIDE

ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY
 Provider ID: 308400
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 2125 S EL CAMINO REAL
 STE 103
 OCEANSIDE, CA 92054
 Phone: (760) 610-0522
 Fax: (760) 610-0523
 After Hours Phone: (760)
 610-0522
 Provider Gender: Male

ANESTHESIOLOGY PAIN MANAGEMENT

BROWNLOW, ROY
 Provider ID: 308111
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 2125 S EL CAMINO REAL
 STE 103
 OCEANSIDE, CA 92054
 Phone: (760) 610-0522
 Fax: (760) 610-0523
 After Hours Phone: (760)
 610-0522
 Provider Gender: Male
 NPI: 1205949914
 Provider English Spoken: Y

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
 إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


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


CARDIOVASCULAR DISEASE

BOLER, AMBER

Provider ID: 311784

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 605 CROUCH ST BLDG C
OCEANSIDE, CA 92054

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1720426786

 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: IHP of Southern Cal-PHP


CERTIFIED ACUPUNCTURIST

DUFFIELD, GARY

Provider ID: 310927

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: 1306428131

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Korean, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST


DUFFIELD, GARY

Provider ID: 311754

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: Male

NPI: 1306428131

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Korean, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE


PRACTITIONER

APRIL, MONIQUE

Provider ID: 306978

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892


 After Hours Phone: (760)
631-5000


Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

NPI: 1093288730

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

CERTIFIED NURSE

PRACTITIONER


APRIL, MONIQUE

Provider ID: 306979

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY
OCEANSIDE, CA 92054


 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1093288730

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

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


BINETTE, DONYA

Provider ID: 303861

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

 2210 MESA DR STE 300
OCEANSIDE, CA 92054


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1427325166

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

SA 8AM-4:30PM

 Website: N/A

IPA: Rady Childrens Health

Network

CERTIFIED NURSE

PRACTITIONER

CHEN, KATIE

Provider ID: 311621

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2125 S EL CAMINO REAL

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

STE 103
OCEANSIDE, CA 92054
☎ Phone: (760) 610-0522
Fax: (760) 610-0523
📞 After Hours Phone: (760) 610-0522
Provider Gender: Female
NPI: 1528714011
☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-TH 8AM-5PM
F 8AM-12PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

CHEN, KATIE
Provider ID: 311743
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 2125 S EL CAMINO REAL
STE 103
OCEANSIDE, CA 92054
☎ Phone: (760) 610-0522
Fax: (760) 610-0523
📞 After Hours Phone: (760) 610-0522
Provider Gender: Female
NPI: 1528714011

☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-TH 8AM-5PM
F 8AM-12PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL
Provider ID: 301313
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 818 PIER VIEW WAY
OCEANSIDE, CA 92054
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
📞 After Hours Phone: (760) 631-5000
Provider Gender: Male
NPI: 1679140644
☑ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-TH 8AM-8PM

F 8AM-5PM
SA 9AM-4PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

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

CERTIFIED NURSE PRACTITIONER

CHILAKA, SAMUEL
Provider ID: 301315

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

CERTIFIED NURSE PRACTITIONER

CISZEK, ALEXANDRA

Provider ID: 306002

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

605 CROUCH ST

OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1578220612

Provider English Spoken: Y

Cultural Competency: N

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

GENOVESE, KELLY

Provider ID: 301304

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

2210 MESA DR STE 5

OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1326052457

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

HEAD, KRISTIN

Provider ID: 268660

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)
547-1020

Provider Gender: Female

NPI: 1699078923

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

HERNANDEZ, JESSICA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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: 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

CERTIFIED NURSE PRACTITIONER



HERNANDEZ, JESSICA

Provider ID: 304495





Board Certified Specialty: No
COMMUNITY CARE IPA LLC




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين








 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

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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

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

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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

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

Provider ID: 298082

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

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

CERTIFIED NURSE

PRACTITIONER

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

MONTGOMERY JR, KEITH

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

MONTGOMERY JR, KEITH

Provider ID: 295286

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1790978617


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TU 8AM-5PM
W 10AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





D. دليل مقدمي الخدمات المتخصصين

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: 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


PRITZKER, JOELY

Provider ID: 239772

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 4700 N RIVER RD
OCEANSIDE, CA 92057


 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1619384351

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 12\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC


CERTIFIED NURSE PRACTITIONER

RAYTA, NICOLE

Provider ID: 304682

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1689027542


 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

SANACORA, RACHEL

Provider ID: 297730

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056


 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760)
547-1000

Provider Gender: Female

NPI: 1548987985

 Provider English Spoken: Y
Cultural Competency: N




Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes






Min/Max Age: 0\19




American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



N
 Accessibility: CONTACT PROVIDER
 Hours: SU 1PM-10PM
 M-F 4PM-10PM
 SA 1PM-10PM
 Website: N/A
 IPA: Rady Childrens Health Network



CERTIFIED NURSE PRACTITIONER




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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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 REGISTERED NURSE MIDWIFE

KELLY, KATHERINE

Provider ID: 290312

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP


 2210 MESA DR STE 5
 OCEANSIDE, CA 92054

 Phone: (760) 736-6767
 Fax: (760) 736-6744

 After Hours Phone: (760)
 736-6767

Provider Gender: Female

NPI: 1801134275

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR
 MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED REGISTERED NURSE MIDWIFE

PERLMAN, TAMARA

Provider ID: 290733

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 2210 MESA DR STE 5
 OCEANSIDE, CA 92054


 Phone: (760) 736-6767
 Fax: (760) 736-6744

 After Hours Phone: (760)
 736-6767

Provider Gender: Female

NPI: 1730274374

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
 MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CHIROPRACTOR

ANDREWS, BRAD

Provider ID: 290542

Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 619 CROUCH ST
 OCEANSIDE, CA 92054

 Phone: (760) 736-6767
 Fax: (760) 736-6744

 After Hours Phone: (760)
 736-6767

Provider Gender: Male

NPI: 1750791745

 Provider English Spoken: Y
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


CHIROPRACTOR

JU, NATHANIEL

Provider ID: 290221

Board Certified Specialty: No
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين






 *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\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

FAMILY PRACTICE

SALAMANCA, OMAR
Provider ID: 295469

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 605 CROUCH ST
OCEANSIDE, CA 92054
 *Phone: (760) 736-6767*
Fax: (760) 736-6744
 *After Hours Phone: (760) 736-6767*
Provider Gender: Male
NPI: 1083000947
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: KERN MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 14\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM
SA 8AM-4:30PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

GASTROENTEROLOGY

NOVO, MEGAN
Provider ID: 308044
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 3923 WARING RD STE A
OCEANSIDE, CA 92056
 *Phone: (760) 724-8782*
Fax: (760) 842-7801
 *After Hours Phone: (760)*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

724-8782

Provider Gender: Female

NPI: 1770961971

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS, UCSD LA JOLLA
JOHN SALLY THORNTON,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, UNIVERSITY OF
CALIFORNIA IRVINE MED CTR,
UCSD MEDICAL CTR, SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-TH 8AM-4:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

GYNECOLOGIC ONCOLOGY

ESKANDER, RAMEZ

Provider ID: 282166

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 4002 VISTA WAY
OCEANSIDE, CA 92056

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1144486929

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, EARL AND
LORRAINE MILLER
CHILDRENS HSP, LONG
BEACH MEMORIAL MED CTR,
Providence St Joseph Hospital,
Providence St Jude Medical
Center, ORANGE COAST MEM
MED CTR, 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

MATERNAL AND FETAL

MEDICINE

MELBER, DORA

Provider ID: 296991

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

📍 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

☎ Phone: (858) 966-6710

Fax: (858) 966-6711

🕒 After Hours Phone: (858)
966-6710

Provider Gender: Female

NPI: 1124413026

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Hungarian,
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network, UCSD Medical Group

MATERNAL AND FETAL

MEDICINE

REIMERS, REBECCA

Provider ID: 294651

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858) 966-6710

Provider Gender: Male

NPI: 1154305977

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, Sharp Grossmont Hospital, 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

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

MATERNAL AND FETAL MEDICINE

RICHARDSON, ALVIE

Provider ID: 264686

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

MATERNAL AND FETAL MEDICINE

SCHWENDEMANN, WADE

Provider ID: 205437

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEPHROLOGY

LIU, ANDREW

Provider ID: 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

NEPHROLOGY

LIU, ANDREW

Provider ID: 305443

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3300 VISTA WAY STE B
OCEANSIDE, CA 92056

Phone: (760) 967-9900
Fax: (760) 967-6769

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ *After Hours Phone: (760) 967-9900*
Provider Gender: Male
NPI: 1710481866
 Provider English Spoken: Y
 Provider Language(s) Spoken: Chinese, Mandarin
Cultural Competency: N
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 9AM-5PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

NEUROLOGY

JINDAL, ANUJA
Provider ID: 206266
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172
 OCEANSIDE, CA 92056
Phone: (760) 547-1020
Fax: (760) 547-1021
After Hours Phone: (760) 547-1020
Provider Gender: Female
NPI: 1194046581

Provider English Spoken: Y

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

NEUROLOGY

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
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

NEUROLOGY CHILD

SAHAGIAN, MICHELLE

Provider ID: 206075

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172
 OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760) 547-1020

Provider Gender: Female

NPI: 1275604035

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Min/Max 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

JACOBSEN, BRADLEY

Provider ID: 302868

Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP

3231 WARING CT STE S

OCEANSIDE, CA 92056

Phone: (760) 631-6144

Fax: (760) 724-3920

After Hours Phone: (760)
631-6144

Provider Gender: Male

NPI: 1760845184

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

OPHTHALMOLOGY

MOLL, ANGELA

Provider ID: 205509

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)
547-1020

Provider Gender: Female

NPI: 1861648602

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT
HOSPITAL, SHARP MEMORIAL
HOSPITAL, UCSF BENIOFF

CHILDREN'S HOSPITAL
OAKLAND, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA,

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: 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





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

 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: 205887
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056
 Phone: (760) 547-1020
 Fax: (760) 547-1021
 After Hours Phone: (760) 547-1020
 Provider Gender: Male
 NPI: 1235287947
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, 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








SONG, DELU

Provider ID: 302871
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 3231 WARING CT STE S OCEANSIDE, CA 92056
 Phone: (760) 631-6144
 Fax: (760) 724-3920
 After Hours Phone: (760) 631-6144
 Provider Gender: Male
 NPI: 1437689536
 Provider English Spoken: Y
 Provider Language(s) Spoken: Chinese, Mandarin
 Cultural Competency: N
 Hospital Affiliation: TRI CITY MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 18\None
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP, UCSD Medical Group

OPHTHALMOLOGY

YAMANE, MAYA

Provider ID: 311888
 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: 1124580139
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

OPTOMETRIST

GEE, JENNIFER

Provider ID: 290927

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1336589332

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL
MEDICAL CENTER-FRESNO,
CALIFORNIA PACIFIC
MEDICAL CENTER - D P APH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

GEE, JENNIFER

Provider ID: 290210

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

517 N HORNE ST
OCEANSIDE, CA 92054

Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1336589332

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL
MEDICAL CENTER-FRESNO,
CALIFORNIA PACIFIC
MEDICAL CENTER - D P APH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

KIM, MICHAEL

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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

Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO


Medi-Cal Open Panel: Yes

Min/Max 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\19

American Sign Language (ASL):
 N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
 Network


OTOLARYNGOLOGY


FRIESEN, TZYYNONG

Provider ID: 244899

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

 3605 VISTA WAY STE 172
 OCEANSIDE, CA 92056

 Phone: (760) 547-1020

 After Hours Phone: (760)
 547-1020

Provider Gender: Female

NPI: 1952740177

 Provider English Spoken: Y
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

COLLINS, CATHLEEN
Provider ID: 311814
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: 1205128089
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: LUCILE SALTER PACKARD CHILDRENS HOSP, Stanford Health Care, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

AGHILI, ROXANA
Provider ID: 303781
Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1851927883
Provider English Spoken: Y
Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

CHOO, SUN

Provider ID: 296537
Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760) 547-1000
Provider Gender: Female
NPI: 1700047628
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: No
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

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\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

GORHAM, LAURA

Provider ID: 275786

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
Phone: (760) 547-1000
Fax: (760) 547-1021
After Hours Phone: (760)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: SU 1PM-10PM
 M-F 4PM-10PM
 SA 1PM-10PM
 Website: N/A
 IPA: Rady Childrens Health Network

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

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Hospital Affiliation: GLENDALE ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

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

PEDIATRIC EMERGENCY MEDICINE

SHERER, KIMBERLY

Provider ID: 311932
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: 1992202964
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
Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE


TODD, SARAH


Provider ID: 302801
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: 1407299787
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RONALD REAGAN UCLA MED CTR, SANTA MONICA UCLA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE

VAIDYA, KAMALA

Provider ID: 205813

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: 1083840920


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE

VARGAS, JACLYN

Provider ID: 296485

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: 1619359718

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General

Medical Center, UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC ENDOCRINOLOGY

RANADIVE, SAYALI

Provider ID: 311397

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: 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\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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\19

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: 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\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

PEDIATRIC PULMONOLOGY

LENHART-PENDERGRASS, PATRICIA

Provider ID: 294643

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760) 547-1020

Provider Gender: Female

NPI: 1144615659

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

RICHARDSON, HENRY

Provider ID: 295852

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3231 WARING CT STE K
OCEANSIDE, CA 92056

Phone: (760) 607-5350

Fax: (760) 607-5365

After Hours Phone: (760) 607-5350

Provider Gender: Male

NPI: 1407052459

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PHYSICIANS ASSISTANT

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

🌐 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:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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,

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


CIDAMBI, EMILY

Provider ID: 246469

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

 Phone: (858) 966-6789

Fax: (858) 966-8519

 After Hours Phone: (858)
966-6789

Provider Gender: Female

NPI: 1659634699

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

SURGERY ORTHOPEDIC


PRUSS, ERIKA

Provider ID: 303798


Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021





 After Hours Phone: (760)
547-1020





Provider Gender: Female

NPI: 1538402441

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين



 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


 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

UPASANI, VIDYADHAR


Provider ID: 260954
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK




 3605 VISTA WAY STE 172
 OCEANSIDE, CA 92056
 Phone: (760) 547-1020
 Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020

Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes


Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

FAIRBANKS, TIMOTHY

Provider ID: 205498
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY STE 172
 OCEANSIDE, CA 92056


 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020




Provider Gender: Male

NPI: 1407010556

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network


SURGERY PEDIATRIC

KLING, KAREN

Provider ID: 206129

Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY STE 172
 OCEANSIDE, CA 92056


 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020

Provider Gender: Female

NPI: 1982775144




 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, 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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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\19
 American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

IPA: Rady Childrens Health Network

PERRIS

CERTIFIED NURSE PRACTITIONER









BLAND, JACELIS
 Provider ID: 296767
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1675 N PERRIS BLVD STE G1
 PERRIS, CA 92571
 Phone: (760) 736-7676
 Fax: (760) 736-6744
 After Hours Phone: (760) 736-7676
 Provider Gender: Female
 NPI: 1801522859
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 SA 8AM-4:30PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

POWAY

ANESTHESIOLOGY PAIN

MANAGEMENT

BROWNLOW, ROY
 Provider ID: 308113
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 15725 POMERADO RD STE 201
 POWAY, CA 92064
 Phone: (760) 610-0522
 Fax: (760) 610-0523
 After Hours Phone: (760) 610-0522
 Provider Gender: Male
 NPI: 1205949914
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8AM-5PM
 F 8:30AM-12:30PM
 Website: N/A
 IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

ANESTHESIOLOGY PAIN MANAGEMENT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

BROWNLOW, ROY

Provider ID: 308402
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
15725 POMERADO RD STE 201
POWAY, CA 92064
Phone: (760) 610-0522
Fax: (760) 610-0523
After Hours Phone: (760) 610-0522
Provider Gender: Male
NPI: 1205949914
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):

N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8AM-5PM F 8:30AM-12:30PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

JOHNSON, CHRISTINE

Provider ID: 295458
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
13010 POWAY RD
POWAY, CA 92064
Phone: (858) 218-3000
Fax: (360) 462-2742
After Hours Phone: (858) 218-3000
Provider Gender: Female
NPI: 1295049229
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 13\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

WOLFE, AMANDA

Provider ID: 243582
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
15525 POMERADO RD STE B1
POWAY, CA 92064
Phone: (858) 457-8333
After Hours Phone: (858) 457-8333

457-8333
Provider Gender: Female
NPI: 1063813475
Provider English Spoken: Y
Provider Language(s) Spoken: Russian, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER

WRIGHT, KIMBERLY

Provider ID: 256378
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 675-3200
Fax: (858) 673-1587
After Hours Phone: (858) 675-3200
Provider Gender: Female
NPI: 1811400708
Provider English Spoken: Y


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

DERMATOLOGY


LIN, SHINKO

Provider ID: 306320


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 15725 POMERADO RD STE
102

POWAY, CA 92064

 Phone: (619) 267-8303


Fax: (619) 267-4835

 After Hours Phone: (619)
267-8303

Provider Gender: Female

NPI: 1205130036

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

DERMATOLOGY


LIN, SHINKO

Provider ID: 308217


Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 15725 POMERADO RD STE
102

POWAY, CA 92064

 Phone: (619) 267-8303


Fax: (619) 267-4835

 After Hours Phone: (619)
267-8303

Provider Gender: Female

NPI: 1205130036

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-4:30PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

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
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-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE


FLINN, SCOTT

Provider ID: 270054

Board Certified Specialty: Yes
COMMUNITY CARE IPA LLC

 15611 POMERADO RD STE
400

POWAY, CA 92064

 Phone: (858) 675-3100

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Fax: (858) 613-2938

☎ After Hours Phone: (858) 675-3100

Provider Gender: Male

NPI: 1184694598

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

FAMILY PRACTICE

NAJAND, SADAF

Provider ID: 270055

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 15611 POMERADO RD STE 400

POWAY, CA 92064

☎ Phone: (858) 675-3200

Fax: (858) 613-2938

☎ After Hours Phone: (858) 675-3200

Provider Gender: Female

NPI: 1669769717

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

FAMILY PRACTICE

WHITE, KERI

Provider ID: 269491

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

575
POWAY, CA 92064
☎ Phone: (760) 489-1458
☎ Fax: (760) 489-1246
🕒 After Hours Phone: (760) 489-1458
Provider Gender: Male
NPI: 1295795037
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Hindi, Punjabi
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

BAYAT, HAMED
Provider ID: 269450
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 15611 POMERADO RD STE 400
POWAY, CA 92064
☎ Phone: (858) 675-3110
☎ Fax: (858) 675-3110
🕒 After Hours Phone: (858)

675-3110
Provider Gender: Male
NPI: 1356344196
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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\19

American Sign Language (ASL):

N

Accessibility: CONTACT
 PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Rady Childrens Health
 Network

PODIATRIST

HAN, KYOUNG

Provider ID: 296326

Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK

15706 POMERADO RD STE
 102
 POWAY, CA 92064

Phone: (858) 485-1494

Fax: (858) 485-1515

After Hours Phone: (858)
 485-1494

Provider Gender: Female

NPI: 1083954671

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Japanese, Korean
 Cultural Competency: N

Hospital Affiliation:
 SADDLEBACK MEMORIAL
 MED CTR, PALOMAR HEALTH,
 PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19



American Sign Language (ASL):

N

Accessibility: CONTACT
 PROVIDER









اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 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
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



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Phone: (858) 312-1717
Fax: (858) 435-0207
 After Hours Phone: (858) 312-1717
Provider Gender: Female
NPI: 1750534715
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Hindi, Kannada, Telugu
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, PALOMAR HEALTH, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 8AM-4PM
 Website: N/A
IPA: Community Care IPA LLC

SURGERY GENERAL

GROVE, JAY


Provider ID: 305851
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 15611 POMERADO RD
POWAY, CA 92064
 Phone: (858) 675-3100
Fax: (858) 673-5187

 After Hours Phone: (858) 675-3100
Provider Gender: Male
NPI: 1912971334
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: Community Care IPA LLC

SURGERY ORTHOPEDIC

BALIKIAN, PHILIP

Provider ID: 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
 IPA: Community Care IPA LLC

RAMONA

CERTIFIED NURSE PRACTITIONER

SALAS, JESSICA

Provider ID: 269344
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 211 13TH ST
 RAMONA, CA 92065
 Phone: (760) 789-5160
 Fax: (760) 788-7962
 After Hours Phone: (760) 789-5160
 Provider Gender: Female
 NPI: 1356817431

Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

<p>ALLERGY IMMUNOLOGY</p> <p>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\19 American Sign Language (ASL): N</p>	<p>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</p>	<p>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</p>
<p>ALLERGY IMMUNOLOGY</p> <p>JAMES, CHRISTINE Provider ID: 284917</p>	<p>ALLERGY IMMUNOLOGY</p> <p>RIEDL, MARC Provider ID: 255768 Board Certified Specialty: Yes UCSD MEDICAL GROUP 8899 UNIVERSITY CENTER LN STE 230 SAN DIEGO, CA 92122 Phone: (858) 657-5350 After Hours Phone: (858)</p>	<p>ANESTHESIOLOGY</p> <p>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</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): No

 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): No

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


ANESTHESIOLOGY


BRUNO, KELLY

Provider ID: 238903

Board Certified Specialty: No

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1891130993

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): No

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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): No

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY


CABANISS, SCOTT

Provider ID: 311436

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: 1821626714


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): No

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

ANESTHESIOLOGY	ANESTHESIOLOGY	PROVIDER
<p>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</p>	<p>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</p>	<p>Website: N/A IPA: UCSD Medical Group</p> <hr/> <p>ANESTHESIOLOGY</p> <p>CHAN, CHI-BEW Provider ID: 310043 Board Certified Specialty: No UCSD MEDICAL GROUP 6655 ALVARADO RD SAN DIEGO, CA 92120 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1205966264 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, DAMERON HOSPITAL ASSOC, DAMERON HOSPITAL ASSOC, SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS Medi-Cal Open Panel: Yes Min/Max Age: 0\None</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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

HYLTON, DIANA

Provider ID: 241735

Board Certified Specialty: Yes
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1932527751

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-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: 242188

Board Certified Specialty: No

UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1871911644

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY


OSWALD, JESSICA


Provider ID: 239600

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1427315118

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

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: 255316

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1063685477

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/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

SREJIC, UNA


Provider ID: 206383


Board Certified Specialty: Yes

UCSD MEDICAL GROUP

 200 W ARBOR DR


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1588723860

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, UCSF Medical

Center At Mission Bay, UCSF

MEDICAL CENTER AT MOUNT

ZION, UCSF MEDICAL

CENTER, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 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

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY


YOUNAN, LAWRENCE


Provider ID: 240870

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1922432475

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ANESTHESIOLOGY CRITICAL

CARE MEDICINE


KRAUSE, MARTIN

Provider ID: 280539


Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1417243239

 Provider English Spoken: Y

 Provider Language(s)
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Fax: (619) 325-1717

☎ After Hours Phone: (619) 325-1161

Provider Gender: Male

NPI: 1689092470

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

ANESTHESIOLOGY PAIN MANAGEMENT

DAIRO, BRANDON

Provider ID: 299880

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110

☎ Phone: (619) 325-1161

Fax: (619) 325-1717

☎ After Hours Phone: (619)
325-1161

Provider Gender: Male

NPI: 1689092470

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\100

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CARDIAC ELECTROPHYSIOLOGY

HAN, FREDERICK

Provider ID: 210012

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

CARDIOVASCULAR DISEASE

ALANI, ANAS

Provider ID: 201252
 Board Certified Specialty: Yes
 UCSD MEDICAL GROUP

 4168 FRONT ST
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273
 Fax: (888) 539-8781

 After Hours Phone: (800)
 926-8273

Provider Gender: Male

NPI: 1154633709

Provider English Spoken: Y

Provider Language(s)
 Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, ARROWHEAD REGIONAL

MEDICAL CENTER, LOMA

LINDA UNIVERSITY MED CTR,

RIVERSIDE COUNTY

REGIONAL MED CTR, LAC

RANCHO LOS AMIGOS

NATIONAL REHAB CENTER,

LOS ANGELES COUNTY

HARBOR UCLA MEDICAL

CENTER, LOS ANGELES


COUNTY HARBOR UCLA

MEDICAL CENTER
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CARDIOVASCULAR DISEASE

CASTELLANOS, LUIS

Provider ID: 211764

Board Certified Specialty: No
 UCSD MEDICAL GROUP

 330 LEWIS ST FL 3
 SAN DIEGO, CA 92103

 Phone: (858) 657-8530
 Fax: (619) 543-2287

 After Hours Phone: (858)
 657-8530

Provider Gender: Male

NPI: 1013059286

Provider English Spoken: Y

Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PIONEERS MEMORIAL

HOSPITAL, EL CENTRO

REGIONAL MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CARDIOVASCULAR DISEASE

CASTELLANOS, LUIS

Provider ID: 211765

Board Certified Specialty: No
 UCSD MEDICAL GROUP

 16950 VIA TAZON
 SAN DIEGO, CA 92127

 Phone: (800) 926-8273
 Fax: (888) 539-8781

 After Hours Phone: (800)
 926-8273

Provider Gender: Male

NPI: 1013059286

Provider English Spoken: Y

Provider Language(s)
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PIONEERS MEMORIAL

HOSPITAL, EL CENTRO

REGIONAL MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 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

PHREANER, NICHOLAS

Provider ID: 239946
Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1023373040

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


CARDIOVASCULAR DISEASE

PROHASKA, THOMAS

Provider ID: 299912
Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1861889644

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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

SHEN, JIA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

CARDIOVASCULAR DISEASE

YEANG, CALVIN

Provider ID: 238822

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (858) 657-8530

After Hours Phone: (858)
657-8530

Provider Gender: Male

NPI: 1598011058

Provider English Spoken: Y

Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

APPENZELLER, ERICA

Provider ID: 310772

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

2630 1ST AVE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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: 277966
Board Certified Specialty: No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1104129485
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
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: 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



ARELLANO, JACQUELINE
Provider ID: 304137
Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين



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: 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
 MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

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
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):

CERTIFIED ACUPUNCTURIST

DISTEFANO, KIMBERLY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 277701

Board Certified Specialty: No
UCSD MEDICAL GROUP

9909 MIRA MESA BLVD
STE 200

SAN DIEGO, CA 92131

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 304131

Board Certified Specialty: No
UCSD MEDICAL GROUP

4910 DIRECTORS PL
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1407401128

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 277700

Board Certified Specialty: No
UCSD MEDICAL GROUP

9333 GENESEE AVE STE
200

SAN DIEGO, CA 92121

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

SEITZ, GRETCHEN

Provider ID: 246474
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

9995 CARMEL MOUNTAIN
RD STE B10-B11
SAN DIEGO, CA 92129
Phone: (844) 200-2426
Fax: (858) 240-6470

After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1396876959

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-TU
8:30AM-5:30PM

W 10AM-7PM
TH-F 8:30AM-5:30PM

Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

ABU-DOULEH, NADIA

Provider ID: 311556
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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

SA 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

AGUILA, YESENIA

Provider ID: 304624
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

292 EUCLID AVE STE 115
SAN DIEGO, CA 92114

Phone: (619) 266-3332

Fax: (619) 266-6000

After Hours Phone: (619)
266-3332

Provider Gender: Female

NPI: 1245966092

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

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

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

CERTIFIED NURSE PRACTITIONER

ARENAS, CECILY

Provider ID: 311129

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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

PROVIDER
Website: N/A
IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

ARVIZU, MARGARITA
Provider ID: 307976
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

10737 CAMINO RUIZ STE
235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (619) 474-4008
After Hours Phone: (844)
200-2426

Provider Gender: Female
NPI: 1558058636

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-6PM

Website: N/A

IPA: Community Care IPA LLC

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER


BROWN, VICTORIA

Provider ID: 307669

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1750033890


 Provider English Spoken: Y
Cultural Competency: N


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

 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): Board Certified Specialty: No
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): Board Certified Specialty: No
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): Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




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
 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):

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 291461

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


CHAVEZ, ALEXANDRIA


Provider ID: 243357

Board Certified Specialty: No

UCSD MEDICAL GROUP


 4510 EXECUTIVE DR STE 7
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1811543622

 Provider English Spoken: Y

Cultural Competency: N

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


Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

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

DAVIES, SUMMER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

CERTIFIED NURSE PRACTITIONER

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

CERTIFIED NURSE PRACTITIONER

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
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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

CERTIFIED NURSE PRACTITIONER

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

CERTIFIED NURSE PRACTITIONER

DEL VECCHIO, MEGAN

Provider ID: 301726

Board Certified Specialty: No
UCSD MEDICAL GROUP

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1437662863

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

CERTIFIED NURSE PRACTITIONER

DOAN, ANGELA

Provider ID: 291425

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1639638968

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

DOAN, ANGELA

Provider ID: 291426

Board Certified Specialty: No
UCSD MEDICAL GROUP

4510 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-8372

Fax: (888) 539-8781

After Hours Phone: (800)

926-8372

Provider Gender: Female

NPI: 1639638968

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

DRISCOLL, KARRIE

Provider ID: 286345

Board Certified Specialty: No
UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1396085098

Provider English Spoken: Y

Cultural Competency: N

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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) 637-4700

Fax: (858) 637-4701

After Hours Phone: (858)
637-4700

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 8:30AM-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) 637-4700

Fax: (858) 637-4701

After Hours Phone: (858)
637-4700

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 8:30AM-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

ERICKSON, LISA

Provider ID: 287444

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1669442182

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

FELD, KEREN

Provider ID: 297672

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4290 POLK AVE

SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)
563-0250

Provider Gender: Female

NPI: 1730835083

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-2PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

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\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: Rady Childrens Health
Network

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

CERTIFIED NURSE PRACTITIONER

GARTH, MELISSA

Provider ID: 274053

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1689232977

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

GIORGI, ASHLEY

Provider ID: 304877

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4290 POLK AVE

SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)
563-0250

Provider Gender: Female

NPI: 1952174203

Provider English Spoken: Y
Cultural Competency: N

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

GIORGI, ASHLEY

Provider ID: 311073

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: 1952174203

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
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

GOMEZ, LESLIE

Provider ID: 299467

Board Certified Specialty: No
UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1528578713

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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: 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

CERTIFIED NURSE PRACTITIONER


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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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: 293261

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1346443983

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Vietnamese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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

 Phone: (858) 966-7484

Fax: (858) 966-4064

 After Hours Phone: (858)
966-7484

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL): IPA: Community Care IPA LLC
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

CERTIFIED NURSE PRACTITIONER


HEFNER, ANNA

Provider ID: 308420

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426

Fax: (619) 434-1613

 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1588913537

 Provider English Spoken: Y

Cultural Competency: N

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

CERTIFIED NURSE PRACTITIONER


HILL, GENIELYN

Provider ID: 299144

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426


Fax: (619) 434-1613

 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1710632435

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Tagalog

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER


HILLIARD, THESALONICA

Provider ID: 284022

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1861956724

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

 Website: N/A


IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER


HOOPER, BONNIE

Provider ID: 307208

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 9095 RIO SAN DIEGO DR STE 300

SAN DIEGO, CA 92108

 Phone: (619) 298-9809

Fax: (619) 298-9823

 After Hours Phone: (619)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

298-9809
 Provider Gender: Female
 NPI: 1821062878
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

HOOPER, BONNIE
 Provider ID: 275254
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC
 9339 GENESEE AVE STE
 350
 SAN DIEGO, CA 92121
 Phone: (858) 454-4300
 Fax: (858) 454-5088
 After Hours Phone: (858)
 454-4300
 Provider Gender: Female
 NPI: 1821062878
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT

PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
 Provider ID: 295392
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 Fax: (858) 633-4680
 After Hours Phone: (858)
 279-0925
 Provider Gender: Female
 NPI: 1114957289

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA
 Medi-Cal Open Panel: Yes
 Min/Max Age: 14\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M 8:30AM-5:30PM
 TU 8:30AM-8:30PM
 W 8:30AM-5:30PM
 TH 8:30AM-8:30PM

F 8:30AM-5:30PM
 SA 9AM-4PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

IBARRA, MARTHA
 Provider ID: 295393
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 Fax: (858) 633-4680
 After Hours Phone: (858)
 810-8700
 Provider Gender: Female
 NPI: 1114957289

Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Hospital Affiliation: SCRIPPS
 MEMORIAL HOSPITAL,
 SCRIPPS MERCY HOSPITAL
 CHULA VISTA
 Medi-Cal Open Panel: Yes
 Min/Max Age: 14\None
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M 8:30AM-5:30PM
 TU 8:30AM-8:30PM
 W 8:30AM-5:30PM
 TH 8:30AM-8:30PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

F 8:30AM-5:30PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

JONES, CHRISTA

Provider ID: 275563

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1396371431

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

KEMP, KATHRINE


Provider ID: 301276

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101


 Phone: (619) 645-6405

Fax: (619) 687-1067

 After Hours Phone: (619)
645-6405

Provider Gender: Female

NPI: 1316615313

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

KI, TRISH

Provider ID: 293293

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


Fax: (858) 633-4680


 After Hours Phone: (858)

279-0925

Provider Gender: Female

NPI: 1376840199

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

KI, TRISH

Provider ID: 293294

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1376840199

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N


































Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<p>N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: IHP of Southern Cal-PHP</p>	<p>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</p>	<p>Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p>
<hr/> <p><u>CERTIFIED NURSE PRACTITIONER</u></p> <hr/>		
<p>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</p>	<p> 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</p>	<p> Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group</p>
<hr/> <p><u>CERTIFIED NURSE PRACTITIONER</u></p> <hr/>		
<p>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</p>	<p><u>CERTIFIED NURSE PRACTITIONER</u> LAFORTEZA, JOZELLE Provider ID: 202666 Board Certified Specialty: No UCSD MEDICAL GROUP  9333 GENESEE AVE STE 200 SAN DIEGO, CA 92121  Phone: (800) 926-8273  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1538578307  Provider English Spoken: Y  Provider Language(s) Spoken: Tagalog</p>	<p> 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</p>
<hr/> <p><u>CERTIFIED NURSE PRACTITIONER</u></p> <hr/>		
<p>KIDANE, ZINNIA Provider ID: 302427 Board Certified Specialty: No</p>	<p> Provider English Spoken: Y  Provider Language(s) Spoken: Tagalog</p>	<p> Provider English Spoken: Y Cultural Competency: N Medi-Cal Open Panel: Yes Min/Max Age: 16\None American Sign Language (ASL): N</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

LANE, KIMBERLY

Provider ID: 301600
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123

 Phone: (858) 430-1101
Fax: (858) 221-5049


 After Hours Phone: (858)
430-1101


Provider Gender: Female
NPI: 1457670119

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None

American Sign Language (ASL):
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) 429-7929

 After Hours Phone: (858)
430-1101


Provider Gender: Female
NPI: 1457670119

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER


LANE, KIMBERLY

Provider ID: 301603

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4060 4TH AVE STE 310
SAN DIEGO, CA 92103

 Phone: (619) 297-4707
Fax: (858) 429-7927

 After Hours Phone: (619)
297-4707


Provider Gender: Female
NPI: 1457670119

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

MANRIQUEZ, LISETTE

Provider ID: 307103


Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 286 EUCLID AVE STE 302
SAN DIEGO, CA 92114

 Phone: (619) 662-4100
Fax: (619) 428-7952

 After Hours Phone: (619)
662-4100

Provider Gender: Female
NPI: 1760058911

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY




CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين



 *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*

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

 *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*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.







D. دليل مقدمي الخدمات المتخصصين

PROVIDER

 Hours: M-TH 8AM-6PM
F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC







CERTIFIED NURSE PRACTITIONER

MICK, SHARON

Provider ID: 299647
Board Certified Specialty: No
UCSD MEDICAL GROUP
 16950 VIA TAZON
SAN DIEGO, CA 92127
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1891061966
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

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

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


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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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: 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


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

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

MORAN, TIFFANY

Provider ID: 304275

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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): **NETZEL, JENNIFER**

N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

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

CERTIFIED NURSE PRACTITIONER

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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

NOVENO, HILARIO JR

Provider ID: 286912

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1124486865

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish,
Tagalog


Cultural Competency: N


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,
UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

NOVENO, HILARIO JR

Provider ID: 286911

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1124486865

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish,
Tagalog

Cultural Competency: N


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,
UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

O'CONNELL, STEFANY

Provider ID: 296846

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1016 OUTER RD
SAN DIEGO, CA 92154

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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

RANDLE, CARRIE

Provider ID: 299296

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1558557348

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: NAVAL
MEDICAL CTR SD RBE, RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Provider Gender: Female

NPI: 1144453754

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


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

Provider ID: 302559

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619)

563-0250

Provider Gender: Female

NPI: 1548683378

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, GROSSMONT
HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,
UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

ROSS, CRYSTAL

Provider ID: 287763

Board Certified Specialty: No
UCSD MEDICAL GROUP

 350 DICKINSON ST
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1548683378

 Provider English Spoken: Y


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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
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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

SANACORA, RACHEL
Provider ID: 297728
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ Phone: (858) 966-8800
📞 After Hours Phone: (858)
966-8800

Provider Gender: Female
NPI: 1548987985
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

SANACORA, RACHEL

Provider ID: 297729
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
☎ Phone: (619) 280-2905
☎ Fax: (619) 283-1614
📞 After Hours Phone: (619)
280-2905
Provider Gender: Female
NPI: 1548987985
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

SANTANGELO, JOANNE
Provider ID: 293285
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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): Provider ID: 293259
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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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 RM 1

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 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
American Sign Language (ASL):
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

CERTIFIED NURSE PRACTITIONER

VIBAL-POASTER, MARIA

Provider ID: 205651

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1376046680

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER

WALDRUP, LARHONDA

Provider ID: 299260

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 966-7483

After Hours Phone: (858)
966-5888

Provider Gender: Female

NPI: 1831627181

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER, RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

CERTIFIED NURSE PRACTITIONER

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

CERTIFIED NURSE PRACTITIONER

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

PROVIDER


 Website: N/A
IPA: IHP of Southern Cal-PHP,
UCSD Medical Group


CERTIFIED NURSE PRACTITIONER

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

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED NURSE PRACTITIONER


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


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


CERTIFIED NURSE PRACTITIONER

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Website: N/A
IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST

ALFONSO, ALVIN

Provider ID: 256374

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1952653404

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE ANESTHETIST


APPLEGET, JOSEPH


Provider ID: 239602

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1568980472

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RIVERSIDE
COMMUNITY HOSP, 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

THORNTON


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


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

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/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: 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

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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: UCSD Medical Group

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


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 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


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,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 210018

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

EKHOLM, JANNA


Provider ID: 290584

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

Fax: (858) 633-4681

 After Hours Phone: (619) 563-0250

Provider Gender: Female

NPI: 1588977151

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


IPA: IHP of Southern Cal-PHP

CERTIFIED REGISTERED NURSE MIDWIFE

GOODWIN, RACHEL


Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1518274919

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

CERTIFIED REGISTERED NURSE MIDWIFE

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

CERTIFIED REGISTERED NURSE MIDWIFE

GREAR MANN, MELISSA


Provider ID: 210053


Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273


 After Hours Phone: (800) 926-8273

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

NPI: 1255384475

 Provider English Spoken: Y

Cultural Competency: 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

GREAR MANN, MELISSA


Provider ID: 210052

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1255384475

 Provider English Spoken: Y

Cultural Competency: N

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

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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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): Board Certified Specialty: No
UCSD MEDICAL GROUP

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

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

CERTIFIED REGISTERED NURSE MIDWIFE

NATHAN, CARLY

Provider ID: 301047

200 W 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

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)


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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


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 8AM-5PM
SA 9AM-4PM

 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

 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 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


GILIBERTO, JOSEPH

Provider ID: 291546

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 9995 CARMEL MOUNTAIN
RD STE D

SAN DIEGO, CA 92129

 Phone: (844) 200-2426

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

GILIBERTO, JOSEPH

Provider ID: 291547

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

☎ Phone: (844) 200-2426

Fax: (619) 399-5959

☎ After Hours Phone: (844) 200-2426

Provider Gender: Male

NPI: 1821463159

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

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

CALAME, ANTOANELLA

Provider ID: 290301

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 6605 NANCY RIDGE DR
SAN DIEGO, CA 92121

☎ Phone: (858) 750-2983

Fax: (858) 750-2984

☎ After Hours Phone: (858)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
Cultural Competency: N
Medi-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
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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: 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

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

Hours: M-F 8:30AM-4:30PM

Website: N/A

IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<hr/> DERMATOLOGY <hr/> LIYOU, 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	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	Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group
<hr/> DERMATOLOGY <hr/> 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	<hr/> DERMATOLOGY <hr/> 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	<hr/> DERMATOLOGY <hr/> 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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): N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

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

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): N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

DERMATOLOGY

ZUBAIR, RAHEEL

Provider ID: 306520

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

9339 GENESEE AVE STE 350

SAN DIEGO, CA 92121

Phone: (858) 454-4300

Fax: (858) 454-5088

After Hours Phone: (858) 454-4300

Provider Gender: Male

NPI: 1326493024

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC

EMERGENCY MEDICINE

AMANN, CHRISTOPHER

Provider ID: 270913

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

دليل مقدمي الخدمات المتخصصين

<hr/> EMERGENCY MEDICINE <hr/> AUSTIN, ANDREA <p>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</p>	<p>Provider ID: 271136 Board Certified Specialty: No UCSD MEDICAL GROUP 200 W ARBOR DR SAN DIEGO, CA 92103 Phone: (800) 926-8273 Fax: (888) 539-8781 After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1093161473 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N Accessibility: CONTACT PROVIDER Hours: M-F 8AM-5PM Website: N/A IPA: UCSD Medical Group</p>	<p>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</p>
<hr/> EMERGENCY MEDICINE <hr/> BAGBY, JESSICA	<hr/> EMERGENCY MEDICINE <hr/> BARRY, JEFFREY <p>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)</p>	<hr/> EMERGENCY MEDICINE <hr/> BARRY, JEFFREY <p>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</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 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: 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\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-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

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




CHEN, ALICE
Provider ID: 287430
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: 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

COYNE, CHRISTOPHER
Provider ID: 303036
Board Certified Specialty: No
UCSD MEDICAL GROUP




 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (619) 543-7051
Fax: (619) 543-3115
 After Hours Phone: (619)
543-7051

Provider Gender: Male
NPI: 1043590169

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, RADY
CHILDRENS HOSPITAL SAN
DIEGO, EL CENTRO
REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

EAGLE, SONJA
Provider ID: 311503

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

KUTZ, CRAIG

Provider ID: 283845

Board Certified Specialty: No
UCSD MEDICAL GROUP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

200 W 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

LIOTTA, BENJAMIN

Provider ID: 285630

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1396270278

Provider English Spoken: Y N

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):

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: Rady Childrens Health
Network, UCSD Medical Group

EMERGENCY MEDICINE

NOSTE, ERIN

Provider ID: 239797

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (619) 543-6400

After Hours Phone: (619)
543-6400

Provider Gender: Female

NPI: 1871732214

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

NOSTE, ERIN

Provider ID: 239798

Board Certified Specialty: No

UCSD MEDICAL GROUP

16950 VIA TAZON
SAN DIEGO, CA 92127

Phone: (858) 605-4441

After Hours Phone: (858)
605-4441

Provider Gender: Female

NPI: 1871732214

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: SU 8AM-10PM

M-F 8AM-5PM

SA 8AM-10PM

Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

PARK, JAY

Provider ID: 285607

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1366478372

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

PHAM, LILY

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

EMERGENCY MEDICINE

PHAM, LILY


Provider ID: 304933

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105


 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)
280-2905

Provider Gender: Female

NPI: 1811423072

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health
Network

EMERGENCY MEDICINE


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
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

SABHA, MAHMOUD


Provider ID: 243441

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1457747883

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

EMERGENCY MEDICINE

SLOANE, CHRISTIAN

Provider ID: 209518

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

SAN DIEGO, CA 92127
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1841233145
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, EL CENTRO REGIONAL MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

TANAKA, HIDEAKI

Provider ID: 240124
Board Certified Specialty: No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1124280730
Provider English Spoken: Y

Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, Sharp Grossmont Hospital, 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

EMERGENCY MEDICINE

YOU, ALAN

Provider ID: 269936
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1225425697
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

EMERGENCY MEDICINE

YU, ELAINE

Provider ID: 301708
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1528564150
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY

METABOLISM DIABETES

JUANG, PATRICIA

Provider ID: 255605

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (858) 657-7298

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1265695795

Provider English Spoken: Y

Provider Language(s)
Spoken: Mandarin
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY

METABOLISM DIABETES

KULASA, KRISTEN

Provider ID: 255622

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (619) 543-6500

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1932324175

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

ENDOCRINOLOGY


METABOLISM DIABETES


NAGELBERG, JODI

Provider ID: 287780

Board Certified Specialty: No
UCSD MEDICAL GROUP


 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1720474141

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

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: 287781

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4168 FRONT ST
SAN DIEGO, CA 92103


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1720474141

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 *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: 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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

10737 CAMINO RUIZ STE
235
SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (619) 474-4008
After Hours Phone: (844)
200-2426
Provider Gender: Female
NPI: 1629480272
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TWIN
CITIES COMMUNITY
HOSPITAL, SIERRA VISTA
REGIONAL MED CTR,
PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 18\100
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

ENDOCRINOLOGY

METABOLISM DIABETES

VALDEZ, KRISTAL ANGELI
Provider ID: 299363
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126
Phone: (844) 200-2426
Fax: (619) 474-4008
After Hours Phone: (844)
200-2426
Provider Gender: Female
NPI: 1629480272
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: TWIN
CITIES COMMUNITY
HOSPITAL, SIERRA VISTA
REGIONAL MED CTR,
PARADISE VALLEY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL
Provider ID: 301761
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Phone: (619) 662-4100
Fax: (619) 595-0258
After Hours Phone: (619)





662-4100
Provider Gender: Male
NPI: 1588197826
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MERCY
HOSPITAL, PARADISE VALLEY
HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM
Website: N/A
IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

BELL, TRACY
Provider ID: 304813
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858)
279-0925
Provider Gender: Female
NPI: 1497821318





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 14\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:30AM-5:30PM
 Website: N/A
 IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

BELL, TRACY

Provider ID: 304814
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 Fax: (858) 633-4680
 After Hours Phone: (858)
 810-8700
 Provider Gender: Female
 NPI: 1497821318
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 14\None



American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M-F
 8:30AM-5:30PM
 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE


BERNADETT, ALEX

Provider ID: 296740
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 10505 SORRENTO VALLEY
 RD STE 200
 SAN DIEGO, CA 92121
 Phone: (858) 793-7860
 Fax: (858) 436-1289

 After Hours Phone: (858)
 793-7860

Provider Gender: Male

NPI: 1215382841


 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


FAMILY PRACTICE

BERNADETT, ALEX

Provider ID: 296739
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 6699 ALVARADO RD STE
 2100

SAN DIEGO, CA 92120

 Phone: (619) 229-3909

Fax: (619) 229-3902

 After Hours Phone: (619)
 229-3909

Provider Gender: Male

NPI: 1215382841

 Provider English Spoken: Y
 Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\99

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

FAMILY PRACTICE

CAMPBELL, BRIANNA

Provider ID: 298950
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE
 SAN DIEGO, CA 92114


 Phone: (619) 662-4100

Fax: (619) 662-4158

 After Hours Phone: (619)
 662-4100

Provider Gender: Female




NPI: 1316479892

 Provider English Spoken: Y

 Provider Language(s)
 Spoken: Spanish






اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: N
Hospital Affiliation: CHULA
VISTA COMM HOSP
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

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): IPA: UCSD Medical Group
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group









FAMILY PRACTICE

CHEN, ALICE

Provider ID: 207163
Board Certified Specialty: No
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

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

DANG, LAUREL

Provider ID: 309605
Board Certified Specialty: No
UCSD MEDICAL GROUP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1396366050

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

FAMILY PRACTICE

HILL, LINDA

Provider ID: 293210

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:30AM-5:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

HILL, LINDA

Provider ID: 293211

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 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: 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


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):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 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


RISSER, JOSEPH


Provider ID: 293216

Board Certified Specialty: Yes

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925
Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

Provider Gender: Male

NPI: 1952386765

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

SUMMERS-DAY, COURTNEY

Provider ID: 290976

Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP

1016 OUTER RD
SAN DIEGO, CA 92154

Phone: (619) 429-3733
Fax: (619) 628-5550

After Hours Phone: (619)
429-3733

Provider Gender: Female

NPI: 1124288873

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

FAMILY PRACTICE

VAN PRATT LEVIN, BENJAMIN

Provider ID: 302531

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1016 OUTER RD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

GASTROENTEROLOGY

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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) 564-8236

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):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

GASTROENTEROLOGY

DAVE, SHRAVAN

Provider ID: 304204

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1588081814

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-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: 270450

Board Certified Specialty: No
UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 7
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1588081814

Provider English Spoken: Y
Cultural Competency: N

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

HASAN, AWS

Provider ID: 299951

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1780047597

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

GASTROENTEROLOGY

HILDRETH, AMBER

Provider ID: 280464

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1548521511

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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

GASTROENTEROLOGY

KUMAR, SOMA

Provider ID: 205377

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2 SOUTH

SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1356502520

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

GASTROENTEROLOGY

NOVO, MEGAN

Provider ID: 296066

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

292 EUCLID AVE STE 115
SAN DIEGO, CA 92114

Phone: (619) 266-3332

Fax: (619) 266-6000

After Hours Phone: (619) 266-3332

Provider Gender: Female

NPI: 1770961971

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL
ENCINITAS, UCSD LA JOLLA

JOHN SALLY THORNTON,
SCRIPPS MERCY HOSPITAL

CHULA VISTA, UNIVERSITY OF
CALIFORNIA IRVINE MED CTR,

UCSD MEDICAL CTR, SCRIPPS
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
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: 304186
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 6655 ALVARADO RD
SAN DIEGO, CA 92120
☎ Phone: (800) 926-8273
Fax: (888) 539-8781

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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: 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): Network

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\19

American Sign Language (ASL): N

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\19

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider ID: 206013
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

7920 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 966-5840

Fax: (858) 966-4064

After Hours Phone: (858)
966-5840

Provider Gender: Male

NPI: 1598141475

Provider English Spoken: Y

Provider Language(s)
Spoken: French, Italian,
Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
UCSD LA JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

GENETICS MEDICAL

NIEMI, ANNA-KAISA

Provider ID: 307094

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

7920 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 966-5840

Fax: (858) 966-8550

After Hours Phone: (858)
966-5840

Provider Gender: Female

NPI: 1497941397

Provider English Spoken: Y

Provider Language(s)
Spoken: Finnish, French,
German, Spanish, Swedish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): 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: 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 268653

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 9340 CLAIREMONT MESA
BLVD STE D
SAN DIEGO, CA 92123

☎ Phone: (858) 278-9911

Fax: (858) 565-7324

🕒 After Hours Phone: (858)
278-9911

Provider Gender: Female

NPI: 1902853344

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8:30AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

HEARING AID DEALER / SUPPLIER

DAVIS, KELLE

Provider ID: 268652

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 6367 ALVARADO CT STE
101

SAN DIEGO, CA 92120

☎ Phone: (619) 583-7002

Fax: (619) 583-9404

🕒 After Hours Phone: (619)
583-7002

Provider Gender: Female

NPI: 1902853344

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8:30AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

HEMATOLOGY / ONCOLOGY

CHEN, YU-WEI

Provider ID: 303059

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1245694801

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

DIEGO

Medi-Cal Open Panel: Yes


Min/Max 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


Provider ID: 274499

Board Certified Specialty: No


RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY STE
2W

SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1427495894

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

HEMATOLOGY / ONCOLOGY


VU, PETER

Provider ID: 272716

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1861810830

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / ONCOLOGY

ZHOU, JENNY


Provider ID: 273188

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9333 GENESEE AVE STE
310

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

HEMATOLOGY / PATHOLOGY

WANG, HUAN YOU

Provider ID: 247583

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1689633729

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

HEPATOLOGY

BARMAN, PRANAB

Provider ID: 241953

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 4510 EXECUTIVE DR STE
315

SAN DIEGO, CA 92121

☎ Phone: (800) 826-5273

📞 After Hours Phone: (800)
826-5273

Provider Gender: Male

NPI: 1023301991

☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Hindi, Spanish
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

HOSPICE AND PALLIATIVE

MEDICINE

RUBENZIK, TAMARA

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

HOSPICE AND PALLIATIVE MEDICINE

RUBENSIK, TAMARA

Provider ID: 245573

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1811200652

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

HOSPITALIST MD/DO

CHILDERS, DIANA

Provider ID: 275068

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1033128376

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

HOSPITALIST MD/DO

DUBE, AMANDA

Provider ID: 310293

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: 1710407531

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

HOSPITALIST MD/DO

FIRESTEIN, CATHERINE

Provider ID: 275387
Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 1427348382

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

HOSPITALIST MD/DO

HAMMOND, CHARLES

Provider ID: 278588
Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1033641816

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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\19

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/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
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group




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




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\19
American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

INFECTIOUS DISEASE

PANNARAJ, PIA

Provider ID: 301026
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL
2
SAN DIEGO, CA 92123

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

INFECTIOUS DISEASE

RAJAGOPAL, AMUTHA

Provider ID: 221088

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST FL 3
SAN DIEGO, CA 92103

Phone: (619) 433-3995

After Hours Phone: (619)
433-3995

Provider Gender: Female

NPI: 1124465745

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

INFECTIOUS DISEASE

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

TOVARPADUA, LEIDY

Provider ID: 265093

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1033491311

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, CHILDRENS HOSP OF

LOS ANGELES, LONG BEACH

MEMORIAL MED CTR

Medi-Cal Open Panel: Yes



Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

INFECTIOUS DISEASE

TOVARPADUA, LEIDY

Provider ID: 205357
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123


 Phone: (858) 966-7785

Fax: (858) 966-8658

 After Hours Phone: (858) 966-7785

Provider Gender: Female

NPI: 1033491311

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, LONG BEACH MEMORIAL MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


INFECTIOUS DISEASE

WILKIN, TIMOTHY

Provider ID: 311164

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: Male

NPI: 1740334978

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-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

ARUTYUNOV, BORIS

Provider ID: 201910

Board Certified Specialty: No
UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (619) 471-9186

 After Hours Phone: (619) 471-9186

Provider Gender: Male

NPI: 1144562703

 Provider English Spoken: Y

 Provider Language(s) Spoken: Russian

Cultural Competency: N

Hospital Affiliation: PIH

HEALTH GOOD SAMARITAN

HOSPITAL, SUTTER MEDICAL

CENTER SACRAMENTO, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE

BALL, SHELDON

Provider ID: 294136

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

Provider Gender: Male

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

NPI: 1689646275

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

BALL, SHELDON

Provider ID: 294137

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

📞 After Hours Phone: (858)
279-0925

Provider Gender: Male

NPI: 1689646275

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M 8:30AM-5:30PM
TU 8:30AM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

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

Medi-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: 273983

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (760) 471-9186

Fax: (619) 543-8255

📞 After Hours Phone: (760)
471-9186

Provider Gender: Female

NPI: 1801184973

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

CHENG, GEORGE

Provider ID: 247639

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)
926-8273




























Provider Gender: Male

NPI: 1316174568

☑ Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.







D. دليل مقدمي الخدمات المتخصصين

<p> <i>Provider Language(s) Spoken: Chinese</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 18\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>	<p><i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>	<p><i>IPA: UCSD Medical Group</i></p>
<hr/>		
INTERNAL MEDICINE		
<p>DJEKIC, KRISTINA <i>Provider ID: 286668</i> <i>Board Certified Specialty: No</i> <i>UCSD MEDICAL GROUP</i>  200 W ARBOR DR SAN DIEGO, CA 92103  <i>Phone: (800) 926-8273</i> <i>Fax: (888) 539-8781</i>  <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Female</i> <i>NPI: 1417343732</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i> <i>Medi-Cal Open Panel: Yes</i></p>	<p>GRUNVALD, EDUARDO <i>Provider ID: 286344</i> <i>Board Certified Specialty: No</i> <i>UCSD MEDICAL GROUP</i>  200 W ARBOR DR SAN DIEGO, CA 92103  <i>Phone: (800) 926-8273</i> <i>Fax: (888) 539-8781</i>  <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Male</i> <i>NPI: 1497791339</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Portuguese, Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD MEDICAL CTR</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 18\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i></p>	<p>INTERNAL MEDICINE GRUNVALD, EDUARDO <i>Provider ID: 286343</i> <i>Board Certified Specialty: No</i> <i>UCSD MEDICAL GROUP</i>  4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122  <i>Phone: (800) 926-8273</i> <i>Fax: (888) 539-8781</i>  <i>After Hours Phone: (800) 926-8273</i> <i>Provider Gender: Male</i> <i>NPI: 1497791339</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Portuguese, Spanish</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSD MEDICAL CTR</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 18\None</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: UCSD Medical Group</i></p>
<hr/>		
INTERNAL MEDICINE		
<p>HASTIE, ELIZABETH <i>Provider ID: 291431</i> <i>Board Certified Specialty: No</i></p>		

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

UCSD MEDICAL GROUP




 200 W 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):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE








JABBOUR, MOUSSA

Provider ID: 256659
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1255741633
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INTERNAL MEDICINE

KATZ, YISRAEL

Provider ID: 272936
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1730507872
 Provider English Spoken: Y
Cultural Competency: N
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

KVIATKOVSKY, MILLA

Provider ID: 274003

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (619) 543-6222

After Hours Phone: (619)
543-6222

Provider Gender: Female

NPI: 1366855355

Provider English Spoken: Y

Provider Language(s)
Spoken: Finnish, French,
Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

LAGO HERNANDEZ, CARLOS

Provider ID: 238622

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1558756270

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL): IPA: UCSD Medical Group
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE

LEVERONE, NICHOLAS

Provider ID: 272692

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1407388564

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, 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


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

MARTINEZ, ARMANDO

Provider ID: 291421

Board Certified Specialty: No
UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1598261091

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


INTERNAL MEDICINE

MUNCE, DANIELLE

Provider ID: 272577

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1740644509

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 18\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

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
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

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




INTERNAL MEDICINE

SHAMSINEJAD BABAKI,

ARASH






Provider ID: 309544
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 1666 PRECISION PARK LN
SAN DIEGO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 785-3384

 After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1750498119
 Provider English Spoken: Y
 Provider Language(s) Spoken: Farsi
Cultural Competency: N
Hospital Affiliation: ST MARYS
MEDICAL CENTER SAN
FRANCISCO, TRI CITY
MEDICAL CTR






Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

TANTISIRA, LALITA


Provider ID: 275927

Board Certified Specialty: No


UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1508874298

 Provider English Spoken: Y

 Provider Language(s) Spoken: Thai

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

TANTISIRA, LALITA


Provider ID: 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

INTERNAL MEDICINE

TAYLOR, DAVID


Provider ID: 274469

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1033572995

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

THOMAS, ROBERT


Provider ID: 238929


Board Certified Specialty: Yes

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1053765909

 Provider English Spoken: Y

Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1235660887

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

YANG, JENNY

Provider ID: 283026

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 4168 FRONT ST
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1346636453

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND
HEALTHCARE CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

YANG, JENNY

Provider ID: 283027

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1346636453

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

ZHANG, SHERRY

Provider ID: 272657

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W 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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

 Website: N/A

IPA: UCSD Medical Group

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM


 Website: N/A

IPA: UCSD Medical Group

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

INTERNAL MEDICINE

CRITICAL CARE MEDICINE


BEGOVIC, ADNAN

Provider ID: 276290

Board Certified Specialty: No

UCSD MEDICAL GROUP

 555 WASHINGTON ST
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
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

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):

INTERNAL MEDICINE

CRITICAL CARE MEDICINE

BOROK, ZEA


Provider ID: 284705

Board Certified Specialty: No


UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-5273


Fax: (888) 539-8781

 After Hours Phone: (800)
926-5273

Provider Gender: Female

NPI: 1750317251

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hebrew

Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR, Los

Angeles General Medical

Center, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 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


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

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: 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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: 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

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

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: 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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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: 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
MEDICAL CTR

Medi-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: 271469

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

ORR, JEREMY

Provider ID: 311524

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: 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

TRAN, LINH

Provider ID: 271939

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W 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

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

MOHAMEDALI, BURHAN

Provider ID: 309250

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 412 WASHINGTON ST
SAN DIEGO, CA 92103

☎ Phone: (619) 616-2100

Fax: (619) 616-2104

🕒 After Hours Phone: (619)
616-2100

Provider Gender: Male

NPI: 1831393289

🗨 Provider English Spoken: Y

🗨 Provider Language(s)

Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

MOHAMEDALI, BURHAN

Provider ID: 245577

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 292 EUCLID AVE STE 210

SAN DIEGO, CA 92114

☎ Phone: (619) 616-2100

Fax: (619) 616-2104

🕒 After Hours Phone: (619)
616-2100

Provider Gender: Male

NPI: 1831393289

🗨 Provider English Spoken: Y

🗨 Provider Language(s)

Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC

INTERVENTIONAL CARDIOLOGY

SHEREV, DIMITRI

Provider ID: 302987

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 6402 EL CAJON BLVD STE
102

SAN DIEGO, CA 92115

☎ Phone: (619) 582-4490

Fax: (619) 582-4737

🕒 After Hours Phone: (619)
582-4490

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


Hospital Affiliation: Sharp
Grossmont Hospital, SHARP
CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 15\99

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


LICENSED PROFESSIONAL CLINICAL COUNSELOR

GARCIA, JENNI

Provider ID: 299310

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 3025 BEYER BLVD
SAN DIEGO, CA 92154

 Phone: (619) 662-4100

Fax: (619) 662-4119

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1437775863

 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

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

ADAMI, REBECCA

Provider ID: 272670

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

IPA: UCSD Medical Group

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

 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


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

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\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


MATERNAL AND FETAL MEDICINE

MCCULLOUGH, DEIRDRE

Provider ID: 277260

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: 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\19


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



D. دليل مقدمي الخدمات المتخصصين

 Website: N/A
IPA: Rady Childrens Health
Network

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\19
American Sign Language (ASL):
N
 Accessibility: CONTACT

PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network, UCSD Medical Group

MATERNAL AND FETAL MEDICINE






MELBER, DORA

Provider ID: 296998
Board Certified Specialty: No
RADY CHILDRENS HEALTH
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\19
American Sign Language (ASL):
N
 Accessibility: CONTACT

PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network, UCSD Medical Group




MATERNAL AND FETAL MEDICINE

MELBER, DORA

Provider ID: 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\19
American Sign Language (ASL):
N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 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: 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\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network, UCSD Medical Group


MATERNAL AND FETAL MEDICINE

MOORE, THOMAS

Provider ID: 208643
 Board Certified Specialty: No
 UCSD MEDICAL GROUP

 4168 FRONT ST
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1184682379

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

MATERNAL AND FETAL

MEDICINE


MOORE, THOMAS


Provider ID: 208644

Board Certified Specialty: No
 UCSD MEDICAL GROUP

 4910 DIRECTORS PL STE
 200


SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1184682379

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA

Provider ID: 294647

Board Certified Specialty: Yes
 RADY CHILDRENS HEALTH NETWORK

 3003 HEALTH CENTER DR
 SAN DIEGO, CA 92123

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

MATERNAL AND FETAL MEDICINE

REIMERS, REBECCA

Provider ID: 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\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) 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\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

MATERNAL AND FETAL MEDICINE

RICHARDSON, ALVIE

Provider ID: 214436

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 3003 HEALTH CENTER DR
SAN DIEGO, CA 92123

☎ Phone: (858) 966-6710
Fax: (858) 939-4102

📞 After Hours Phone: (858) 966-6710

Provider Gender: Male
NPI: 1154305977

🗉 Provider English Spoken: Y
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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


MATERNAL AND FETAL MEDICINE

SCHWENDEMANN, WADE

Provider ID: 277307

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3003 HEALTH CENTER DR
SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 939-4102

 After Hours Phone: (858)
966-6710

Provider Gender: Male

NPI: 1477563302

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, GROSSMONT
HOSPITAL, SHARP MEMORIAL
HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, TRI CITY
MEDICAL CTR, Sharp

Grossmont Hospital, Sharp


Grossmont Hospital,
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

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

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

SHANNON, KELLI

Provider ID: 208474

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

3003 HEALTH CENTER DR
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858)
966-6710
Provider Gender: Female
NPI: 1922156397
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

MATERNAL AND FETAL MEDICINE

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\19
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

MATERNAL AND FETAL MEDICINE

WESTERMANN, MELISSA

Provider ID: 277353
Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-6710
Fax: (858) 966-6711
After Hours Phone: (858)
966-6710
Provider Gender: Female
NPI: 1760730758
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
EARL AND LORRAINE MILLER
CHILDRENS HSP, LONG
BEACH MEMORIAL MED CTR,
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, SHARP
MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL,
Sharp Grossmont Hospital,
Sharp Grossmont Hospital,
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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\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

WOLF, RICHARD

Provider ID: 209253

Board Certified Specialty: No

UCSD MEDICAL GROUP

4910 DIRECTORS PL STE
200

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1497713846

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

MEDICAL CENTER, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD LA JOLLA

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\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Network

NEONATAL / PERINATAL MEDICINE

CARROLL, JEANNE

Provider ID: 205727

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)
966-5818

Provider Gender: Female

NPI: 1386928224

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE

DELROSARIO, PAMELA

Provider ID: 295000

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123

Phone: (858) 966-5888

After Hours Phone: (858)
966-5888

Provider Gender: Female

NPI: 1952691941

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST

HEALTHCARE INLAND
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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: 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

NEONATAL / PERINATAL MEDICINE

HONOLD, JOSE

Provider ID: 205941

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5818

Fax: (858) 966-7483

☎ After Hours Phone: (858) 966-5818

Provider Gender: Male

NPI: 1093886855

☑ Provider English Spoken: Y

☑ Provider Language(s)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



D. دليل مقدمي الخدمات المتخصصين

Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, PIONEERS MEMORIAL
HOSPITAL, SOUTHWEST
HEALTHCARE INLAND
VALLEY HOSPITAL,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, EL CENTRO
REGIONAL MEDICAL CENTER,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network




NEONATAL / PERINATAL MEDICINE

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
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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

**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

**NEONATAL / PERINATAL
MEDICINE**

MATOBA, NANA

Provider ID: 299894

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19
 American Sign Language (ASL): N
 ♿ Accessibility: CONTACT PROVIDER
 🕒 Hours: M-F 8AM-5PM
 🌐 Website: N/A
 IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

NIEMI, ANNA-KAISA
 Provider ID: 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
 ☐ Provider Language(s) Spoken: Finnish, French, German, Spanish, Swedish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 ♿ Accessibility: CONTACT PROVIDER
 🕒 Hours: M-F 8AM-5PM
 🌐 Website: N/A
 IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

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
 ☐ Provider Language(s) Spoken: Finnish, French, German, Spanish, Swedish
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

HOSPITAL ENCINITAS,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE

Provider ID: 301822

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

4077 5TH AVE
SAN DIEGO, CA 92103

Phone: (619) 260-7046

Fax: (619) 686-3843

After Hours Phone: (619)
260-7046

Provider Gender: Female

NPI: 1003260951

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST

HEALTHCARE INLAND
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

NYMAN, KATHERINE

Provider ID: 301819

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 249-5839

After Hours Phone: (858)
966-5888

Provider Gender: Female

NPI: 1003260951

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST
HEALTHCARE INLAND
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

NEONATAL / PERINATAL MEDICINE

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




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين





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\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
Network

NEONATAL / PERINATAL MEDICINE

SAJTI, ENIKO
Provider ID: 206171
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (619) 543-3759
 Fax: (619) 543-3812
 After Hours Phone: (619)
543-3759
 Provider Gender: Female
NPI: 1649433103
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF
BENIOFF CHILDREN'S
HOSPITAL OAKLAND, RADY
CHILDRENS HOSPITAL SAN

DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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: 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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

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

8010 FROST ST STE 100
SAN DIEGO, CA 92123

Phone: (858) 637-4700

Fax: (858) 637-4701

After Hours Phone: (858)
637-4700

NPI: 1316997505

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: www.balboacare.c
om

NEPHROLOGY

QUEVEDO, JUAN

Provider ID: 269998

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

995 GATEWAY CENTER
WAY STE 207
SAN DIEGO, CA 92102

Phone: (619) 263-9729

Fax: (619) 263-9730

After Hours Phone: (619)
263-9729

Provider Gender: Male

NPI: 1093902496

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

NEPHROLOGY

BALBOA NEPHROLOGY MED GRP INC,

Provider ID: 308472

IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP-SD

NEONATAL / PERINATAL MEDICINE

WEST, JULIE

Provider ID: 297073

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, RIVERSIDE
COMMUNITY HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

Website: N/A

IPA: Community Care IPA LLC

NEPHROLOGY

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

NEPHROLOGY

SINGH, PRABHLEEN

Provider ID: 311033

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: 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

ZHONG, YAN

Provider ID: 296054

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4060 4TH AVE STE 220
SAN DIEGO, CA 92103

Phone: (619) 299-2350

Fax: (619) 297-8379

After Hours Phone: (619)
299-2350


Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

NPI: 1467683540

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Chinese, Mandarin
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, LAC RANCHO

LOS AMIGOS NATIONAL
REHAB CENTER, SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND
HEALTHCARE CTR, KECK

HOSPITAL OF USC, Los
Angeles General Medical

Center, KINDRED HOSPITAL
SAN DIEGO, KINDRED

HOSPITAL SAN DIEGO,
SELECT SPECIALTY HOSPITAL


SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

NEPHROLOGY


ZHONG, YAN

Provider ID: 296053

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

 4060 4TH AVE STE 220

SAN DIEGO, CA 92103


 Phone: (619) 299-2350

Fax: (619) 297-8379

 After Hours Phone: (619)
299-2350

Provider Gender: Female

NPI: 1467683540

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Chinese, Mandarin
Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, LAC RANCHO

LOS AMIGOS NATIONAL
REHAB CENTER, SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND
HEALTHCARE CTR, KECK

HOSPITAL OF USC, Los
Angeles General Medical

Center, KINDRED HOSPITAL
SAN DIEGO, KINDRED

HOSPITAL SAN DIEGO,
SELECT SPECIALTY HOSPITAL


SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

NEUROLOGY


BUI, JONATHAN

Provider ID: 303227

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL
4

SAN DIEGO, CA 92123


 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)
966-5819

Provider Gender: Male

NPI: 1730247974

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish,
Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY

BUI, JONATHAN

Provider ID: 206005

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

8001 FROST ST
SAN DIEGO, CA 92123

Phone: (858) 966-5999
Fax: (858) 966-4930

After Hours Phone: (858)
966-5999

Provider Gender: Male

NPI: 1730247974

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish,
Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY

COUGHLIN, DAVID

Provider ID: 304172

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1740543784

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

COUGHLIN, DAVID

Provider ID: 240951

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1740543784

Provider English Spoken: Y
Cultural Competency: N

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

COUGHLIN, DAVID

Provider ID: 240949

Board Certified Specialty: Yes
UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE
325

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1740543784

Provider English Spoken: Y
Cultural Competency: N

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

DOVE, KATHERINE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider ID: 302784
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4
SAN DIEGO, CA 92123

Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858) 966-5819

Provider Gender: Female

NPI: 1033642574

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

NEUROLOGY

DUNN-PIRIO, ANASTASIE

Provider ID: 304160

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1700177136

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: Rady Childrens Health Network

NEUROLOGY

GHOLIPOUR, 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

GHOLIPOUR, TAHA

Provider ID: 311495

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W 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

NEUROLOGY

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

NEUROLOGY

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND, SHARP MEMORIAL
HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY


GUIDO-ESTRADA, NATALIE

Provider ID: 303271


Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL
4

SAN DIEGO, CA 92123

 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)
966-5819

Provider Gender: Female

NPI: 1528353521

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


NEUROLOGY


GUNDOGDU, MELEK

Provider ID: 201623

Board Certified Specialty: No
UCSD MEDICAL GROUP


 200 W ARBOR DR FL 1
SAN DIEGO, CA 92103


 Phone: (619) 543-3500

 After Hours Phone: (619)
543-3500

Provider Gender: Female

NPI: 1437253671

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


NEUROLOGY

HANNAWI, ANDREW

Provider ID: 283154

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 576-8412

 After Hours Phone: (858)
966-5999

Provider Gender: Male

NPI: 1194179135

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

NEUROLOGY

HEADLEY, ALISON

Provider ID: 311598

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: 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

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



D. دليل مقدمي الخدمات المتخصصين

 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

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: 311186

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: 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: 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) 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

KIMMCMANUS, 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.






D. دليل مقدمي الخدمات المتخصصين



Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

NEUROLOGY








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

LEE, DAVID

Provider ID: 304198
Board Certified Specialty: No
UCSD MEDICAL GROUP
 6655 ALVARADO RD
SAN DIEGO, CA 92120
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1871884130
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Korean
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group


NEUROLOGY

LEE, DAVID

Provider ID: 246263
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR FL 1
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1871884130
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Korean
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

NEUROLOGY

LONGARDNER, KATHERINE

Provider ID: 304197
Board Certified Specialty: No
UCSD MEDICAL GROUP
 6655 ALVARADO RD
SAN DIEGO, CA 92120

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1801215926

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

LONGARDNER, KATHERINE

Provider ID: 268346

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1801215926

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

PASSIAK, BRITTANY

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\19

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: 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\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

NEUROLOGY

QAYOUMI, WALI

Provider ID: 284370

Board Certified Specialty: No
UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE
325

SAN DIEGO, CA 92121

Phone: (619) 294-3746

Fax: (888) 539-8781

After Hours Phone: (619)
294-3746

Provider Gender: Male

NPI: 1093178220

Provider English Spoken: Y

Provider Language(s)

Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

QAYOUMI, WALI

Provider ID: 304161

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD

SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1093178220

Provider English Spoken: Y

Provider Language(s)

Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

RIGGINS, NINA

Provider ID: 304200

Board Certified Specialty: No

UCSD MEDICAL GROUP

6655 ALVARADO RD

SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1568655264

Provider English Spoken: Y

Provider Language(s)
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: UCSF

MEDICAL CENTER, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

NEUROLOGY

RIGGINS, NINA

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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

**SANTOS MONTENEGRO,
MARIA**

Provider ID: 311642

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: 1881313989


 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


**SANTOS MONTENEGRO,
MARIA**

Provider ID: 311641

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: 1881313989

 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

**SANTOS MONTENEGRO,
MARIA**

Provider ID: 311643

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: Female

NPI: 1881313989

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

NEUROLOGY

SCHORR, EMILY

Provider ID: 305021

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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: 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: 311470

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 543-3500
Fax: (619) 543-6806

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

SHIH, JERRY

Provider ID: 311472

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: 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

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\19

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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين








PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

 Website: N/A
 IPA: Rady Childrens Health Network

IPA: Rady Childrens Health Network


NEUROLOGY

ZIMBRIC, MICHAEL

Provider ID: 303284
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY FL 4
 SAN DIEGO, CA 92123
 Phone: (858) 966-5819
 Fax: (858) 966-4930
 After Hours Phone: (858) 966-5819
 Provider Gender: Male
 NPI: 1487819546
 Provider English Spoken: Y
 Provider Language(s) Spoken: French
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM








NEUROLOGY CHILD

GRAVES, JENNIFER

Provider ID: 261037
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800
 Provider Gender: Female
 NPI: 1992849863
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSF MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A

NEUROLOGY CHILD

GUIDO-ESTRADA, NATALIE

Provider ID: 205825
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 8001 FROST ST
 SAN DIEGO, CA 92123
 Phone: (858) 966-5999
 Fax: (858) 966-4930
 After Hours Phone: (858) 966-5999
 Provider Gender: Female
 NPI: 1528353521
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

NEUROLOGY CHILD

SAHAGIAN, MICHELLE

Provider ID: 206074

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5999
Fax: (858) 966-4930

After Hours Phone: (858)
966-5999

Provider Gender: Female

NPI: 1275604035

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

NUCLEAR MEDICINE

SHARIF TABRIZI, AHMAD

Provider ID: 300028

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1053727313

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: Providence
St Mary Medical Center, UCSD
MEDICAL CTR

Medi-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W 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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

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

ASHAK, DANI

Provider ID: 311193

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: 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

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

279-0925
Provider Gender: Male
NPI: 1497738439
☐ Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 16\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

COHEN, MANSOUR
Provider ID: 205940
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK
📍 7695 CARDINAL CT STE
390
SAN DIEGO, CA 92123
☎ Phone: (858) 279-8111
Fax: (858) 279-4703
📞 After Hours Phone: (858)
279-8111
Provider Gender: Male
NPI: 1346225356
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Arabic, Farsi,
Hebrew, Persian, Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, SHARP
MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-TH 9AM-4PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

OBSTETRICS / GYNECOLOGY

DEL CORE, LAURA
Provider ID: 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

DEL CORE, LAURA
Provider ID: 291330
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 200 W ARBOR DR
SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1790128759
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP
MEMORIAL HOSPITAL, 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: 291326
Board Certified Specialty: No
UCSD MEDICAL GROUP
📍 3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
☎ Phone: (800) 926-8273

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

🌐 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


OBSTETRICS / GYNECOLOGY

GROGAN, BRIAN


Provider ID: 296002

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


Fax: (858) 633-4682

 After Hours Phone: (858)
279-0925

Provider Gender: Male

NPI: 1235218439

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


OBSTETRICS / GYNECOLOGY

GROGAN, BRIAN

Provider ID: 296001

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

Provider Gender: Male

NPI: 1235218439

 Provider English Spoken: Y


 Provider Language(s)
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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:

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: 31112

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
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: 31113

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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):

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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


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

MELLENDEZ, 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


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

MELLENDEZ, 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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): UCSD MEDICAL GROUP

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين



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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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: 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




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

OCCUPATIONAL THERAPIST

BOND, KIMBERLEE

Provider ID: 206548


Board Certified Specialty: No
UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER
LN STE 200
SAN DIEGO, CA 92122
 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1669770939

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OCCUPATIONAL 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


OCCUPATIONAL THERAPIST

LARSEN, JULIE

Provider ID: 258359

 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


Provider Gender: Female
NPI: 1952816134

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OPHTHALMOLOGY


BANSAL, PREETI

Provider ID: 205620

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH
NETWORK

 7910 FROST ST STE 200
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)
309-7702

Provider Gender: Female

NPI: 1871664631

Provider English Spoken: Y

Provider Language(s)
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO, GROSSMONT

HOSPITAL, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS, SCRIPPS

MERCY HOSPITAL CHULA
VISTA, SCRIPPS MEMORIAL


HOSPITAL, TRI CITY MEDICAL
CTR, 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

BAXTER, SALLY

Provider ID: 272788

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1912325184

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


OPHTHALMOLOGY

BAXTER, SALLY

Provider ID: 272789

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR STE 101
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1912325184

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL):  Website: N/A
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OPHTHALMOLOGY

BHATIA, SHAGUN


Provider ID: 240636

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 200
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)
309-7702

Provider Gender: Female

NPI: 1104237353


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO,
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

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\19

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network


OPHTHALMOLOGY

GUALTIERI, CHRISTOPHER


Provider ID: 252313

Board Certified Specialty: Yes
COMMUNITY CARE IPA LLC

 3969 4TH AVE STE 300
SAN DIEGO, CA 92103

 Phone: (619) 688-2648

Fax: (619) 688-2626

 After Hours Phone: (619)
688-2648

Provider Gender: Male

NPI: 1790769156

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

OPHTHALMOLOGY

HENNEIN, LAUREN

Provider ID: 297011

Board Certified Specialty: No
RADY CHILDRENS HEALTH

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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

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

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog,

Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

OPHTHALMOLOGY

HUYNH, PAUL

Provider ID: 295645

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4844 UNIVERSITY AVE STE
A

SAN DIEGO, CA 92105

Phone: (619) 283-1303

Fax: (619) 283-1666

After Hours Phone: (619)
283-1303

Provider Gender: Male

NPI: 1871577056

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog,
Vietnamese

Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL


Medi-Cal Open Panel: Yes


Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


OPHTHALMOLOGY

JACOBSEN, BRADLEY

Provider ID: 302869

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123

 Phone: (858) 609-7100

Fax: (858) 609-7106

 After Hours Phone: (858)
609-7100

Provider Gender: Male

NPI: 1760845184

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SHARP


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


OPHTHALMOLOGY

KHATIB, NORA


Provider ID: 305375

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4060 4TH AVE STE 640
SAN DIEGO, CA 92103


 Phone: (619) 642-2240


Fax: (619) 642-2245

 After Hours Phone: (619)
642-2240

Provider Gender: Female

NPI: 1538487756

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP CHULA

VISTA MED CTR, GROSSMONT

HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 14\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


OPHTHALMOLOGY


KLINE, LANNING

Provider ID: 239915

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1841227477

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

OPHTHALMOLOGY

LI, ALEXANDRIA

Provider ID: 272833

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1841652864
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

OPHTHALMOLOGY

LIU, YUNXIANG

Provider ID: 210803
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
7910 FROST ST STE 200

SAN DIEGO, CA 92123
Phone: (858) 309-7702
After Hours Phone: (858) 309-7702
Provider Gender: Female
NPI: 1770849804
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health Network

OPHTHALMOLOGY

MOLL, ANGELA

Provider ID: 205510
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

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

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



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




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: 311098
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\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

OPHTHALMOLOGY

PUIG LLANO, MANUEL
Provider ID: 299964
Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

OPHTHALMOLOGY

SONG, DELU

Provider ID: 302872

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123

Phone: (858) 609-7100

Fax: (858) 609-7106

After Hours Phone: (858)
609-7100

Provider Gender: Male

NPI: 1437689536

Provider English Spoken: Y

Provider Language(s)

Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP,
UCSD Medical Group

OPHTHALMOLOGY

YAMADA, KENTARO

Provider ID: 295848

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1040 UNIVERSITY AVE STE
B209A

SAN DIEGO, CA 92103

Phone: (619) 299-1100

Fax: (619) 299-7156

After Hours Phone: (619)
299-1100

Provider Gender: Male

NPI: 1629047188

Provider English Spoken: Y

Provider Language(s)
Spoken: Japanese, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

MEMORIAL HOSPITAL,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19


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
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

OPTOMETRIST


AOTO, KIM

Provider ID: 268718

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111


 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)
565-8822

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M 9AM-5PM

TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5PM

F 8:30AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

AOTO, KIM

Provider ID: 296795

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4344 CONVOY ST STE C2

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

SAN DIEGO, CA 92111
☎ Phone: (858) 565-8822
Fax: (858) 565-2449
🕒 After Hours Phone: (858) 565-8822

Provider Gender: Female
NPI: 1780935650

☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 9AM-5PM
TU 8:30AM-4:30PM
W 7:30AM-4:30PM
TH 9:30AM-5PM
F 8:30AM-4PM

🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

AOTO, KIM

Provider ID: 268723
Board Certified Specialty: No
COMMUNITY CARE IPA LLC

📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

☎ Phone: (800) 898-2020
Fax: (844) 897-3788

🕒 After Hours Phone: (800) 898-2020

Provider Gender: Female

NPI: 1780935650

☐ Provider English Spoken: Y
☐ Provider Language(s)

Spoken: Vietnamese
Cultural Competency: N

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5PM

🌐 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

JOMOC, CAITLIN

Provider ID: 304156
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1861164642

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

JOMOC, CAITLIN

Provider ID: 304155
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273
Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1861164642

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

OPTOMETRIST

KIM, PHILIP

Provider ID: 287910
Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 4060 4TH AVE STE 610

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

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

OPTOMETRIST

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

OPTOMETRIST

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


Cultural Competency: 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: 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


OPTOMETRIST

YU, CAROL

Provider ID: 301680

Board Certified Specialty: No
UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103


 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1639697451

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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: 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
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

ORAL MAXILLOFACIAL

SURGEON


DENTICO-OLIN, MARC

Provider ID: 304727

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 2878 CAMINO DEL RIO S
STE 210

SAN DIEGO, CA 92108

 Phone: (619) 298-2200

Fax: (619) 298-2250

 After Hours Phone: (619)
298-2200

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider Gender: Male
NPI: 1629205174
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS GREEN
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health
Network

ORAL MAXILLOFACIAL SURGEON

DENTICO-OLIN, MARC
Provider ID: 273663
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
📍 501 WASHINGTON ST STE
710
SAN DIEGO, CA 92103
☎ Phone: (619) 295-6774
Fax: (619) 295-6776
🕒 After Hours Phone: (619)
295-6774
Provider Gender: Male
NPI: 1629205174

☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS GREEN
HOSPITAL, SCRIPPS MERCY
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: UCSD Medical Group

OTOLARYNGOLOGY

CALIFANO, JOSEPH

Provider ID: 299461

Board Certified Specialty: No
UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1881652972

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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

CARVALHO, DANIELA

Provider ID: 272557

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

Phone: (858) 309-7701

Fax: (858) 966-8038

After Hours Phone: (858)
309-7701

Provider Gender: Female

NPI: 1154492916

Provider English Spoken: Y
Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY

CARVALHO, DANIELA

Provider ID: 205628

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY STE
109

SAN DIEGO, CA 92123

Phone: (858) 309-7702

After Hours Phone: (858)
309-7702

Provider Gender: Female

NPI: 1154492916

Provider English Spoken: Y

Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MEMORIAL
HOSPITAL, SHARP MEMORIAL
HOSPITAL

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max 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

CATES, DANIEL

Provider ID: 311486

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: 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


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: 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: 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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL): Provider ID: 299568

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

Board Certified Specialty: No
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

DECONDE, ADAM

Provider ID: 299569

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1588988919

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY

FRIESEN, TZYYNONG

Provider ID: 272604

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: 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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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


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: 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: 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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<p>N ♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: UCSD Medical Group</p>	<p>Board Certified Specialty: No UCSD MEDICAL GROUP 📍 16950 VIA TAZON SAN DIEGO, CA 92127 ☎ Phone: (800) 926-8273 📠 Fax: (888) 539-8781 🕒 After Hours Phone: (800) 926-8273 Provider Gender: Male NPI: 1417988783 🗣 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p>	<p>🗣 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p>
<hr/> <p>OTOLARYNGOLOGY</p> <p>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</p>	<p>♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: UCSD Medical Group</p>	
<hr/> <p>OTOLARYNGOLOGY</p> <p>HARRIS, JEFFREY Provider ID: 299575</p>	<hr/> <p>OTOLARYNGOLOGY</p> <p>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</p>	<hr/> <p>OTOLARYNGOLOGY</p> <p>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</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 301052

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

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



D. دليل مقدمي الخدمات المتخصصين

Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

OTOLARYNGOLOGY

KARI, ELINA



Provider ID: 299446
Board Certified Specialty: No
UCSD MEDICAL GROUP
 8899 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1780860536
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: Rady Childrens Health Network, UCSD Medical Group

OTOLARYNGOLOGY





KARI, ELINA

Provider ID: 299445
Board Certified Specialty: No
UCSD MEDICAL GROUP
 16950 VIA TAZON
SAN DIEGO, CA 92127
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 1780860536
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: Rady Childrens Health Network, UCSD Medical Group




OTOLARYNGOLOGY

KARI, ELINA

Provider ID: 299443
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (619) 543-6631
 After Hours Phone: (619) 543-6631
Provider Gender: Female
NPI: 1780860536
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network, UCSD Medical Group

OTOLARYNGOLOGY

LEUIN, SHELBY

Provider ID: 272637
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
 *Phone: (858) 309-7701*
Fax: (858) 966-8038
 *After Hours Phone: (858) 309-7701*
Provider Gender: Female
NPI: 1124230909
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health

Network


OTOLARYNGOLOGY

MAGIT, ANTHONY

Provider ID: 299482
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*

Provider Gender: Male
NPI: 1891858379
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, 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: 272767
Board Certified Specialty: Yes

RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123
 *Phone: (855) 309-7701*
Fax: (858) 966-4062
 *After Hours Phone: (855) 309-7701*



Provider Gender: Male
NPI: 1891858379
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, PIONEERS MEMORIAL 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: Rady Childrens Health Network, UCSD Medical Group

OTOLARYNGOLOGY

MAGIT, ANTHONY

Provider ID: 299481
Board Certified Specialty: No
UCSD MEDICAL GROUP
 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
 *Phone: (800) 926-8273*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 299480

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1891858379

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR,
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

200 W 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

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\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

OTOLARYNGOLOGY

VAHABZADEH-HAGH, ANDREW

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 *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

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: 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: 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*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


OTOLARYNGOLOGY


WEISSBROD, PHILIP

Provider ID: 299610

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR STE 505
SAN DIEGO, CA 92103

 Phone: (858) 657-8590

 After Hours Phone: (858)
657-8590

Provider Gender: Male

NPI: 1366590853


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, SCRIPPS
GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

OTOLARYNGOLOGY


WEISSBROD, PHILIP

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MEDICAL CTR, SCRIPPS
GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Website: N/A
IPA: UCSD Medical Group

OTOLARYNGOLOGY

YAN, CAROL

Provider ID: 298412
Board Certified Specialty: No
UCSD MEDICAL GROUP
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1619237260
Provider English Spoken: Y
Provider Language(s)
Spoken: Chinese
Cultural Competency: N
Hospital Affiliation: Stanford
Health Care, LUCILE SALTER
PACKARD CHILDRENS HOSP,
UCSD LA JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N
Website: N/A
IPA: UCSD Medical Group

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider ID: 275705

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (619) 543-5764

Fax: (619) 543-5249

After Hours Phone: (619)
543-5764

Provider Gender: Male

NPI: 1619955804

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

HANSEN, LAWRENCE

Provider ID: 275767

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (619) 543-5764

After Hours Phone: (619)
543-5764

Provider Gender: Male

NPI: 1760407498

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

PARAST, MANA

Provider ID: 275888

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1629163100

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PATHOLOGY ANATOMIC

WONG, RICHARD

Provider ID: 243202

Board Certified Specialty: No

UCSD MEDICAL GROUP

10300 CAMPUS POINT DR
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1275084295

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, TRI CITY

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):



N

Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين



PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group



PATHOLOGY ANATOMIC CLINICAL

ALLEN, ELIZABETH

Provider ID: 275756
Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1174814065



 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
UCSD MEDICAL CTR, SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
SCRIPPS GREEN HOSPITAL,
SCRIPPS GREEN HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):

N


 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL


BROOME, HELEN

Provider ID: 275720
Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781



 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1184674145

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL


BROOME, HELEN

Provider ID: 275721
Board Certified Specialty: No
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR
SAN DIEGO, CA 92121
 Phone: (800) 926-8273
Fax: (888) 539-8781



 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1184674145

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PATHOLOGY ANATOMIC CLINICAL

BUI, JACK

Provider ID: 247581
Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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\19

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين









 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP

PATHOLOGY ANATOMIC CLINICAL

ROMA, ANDRES
Provider ID: 275826
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Male
NPI: 1295912657
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-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

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


PATHOLOGY ANATOMIC CLINICAL

WANG, DEHUA


Provider ID: 289153

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

 Phone: (858) 966-6776


Fax: (858) 966-6707

 After Hours Phone: (858)
966-6776

Provider Gender: Female

NPI: 1578790655

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PATHOLOGY CLINICAL


KELNER, MICHAEL

Provider ID: 247602

Board Certified Specialty: No
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1174679849

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL
CTR, EL CENTRO REGIONAL
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PATHOLOGY CLINICAL

KELNER, MICHAEL

Provider ID: 247601

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

COLLINS, CATHLEEN

Provider ID: 311812

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: 1205128089

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LUCILE SALTER PACKARD

CHILDRENS HOSP, Stanford Health Care, RADY

CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

COLLINS, CATHLEEN

Provider ID: 285133

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1205128089

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LUCILE SALTER PACKARD

CHILDRENS HOSP, Stanford Health Care, RADY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC ALLERGY / IMMUNOLOGY

COLLINS, CATHLEEN

Provider ID: 206083

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY STE 2

SAN DIEGO, CA 92123

Phone: (858) 966-5961

After Hours Phone: (858) 966-5961

Provider Gender: Female

NPI: 1205128089

Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: LUCILE SALTER PACKARD

CHILDRENS HOSP, Stanford Health Care, RADY

CHILDRENS HOSPITAL SAN DIEGO, 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): 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Network

PEDIATRIC ALLERGY / IMMUNOLOGY

GREINER, ALEXANDER

Provider ID: 205697

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 5776 RUFFIN RD
SAN DIEGO, CA 92123

☎ Phone: (858) 966-4900

📞 After Hours Phone: (858)
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

PEDIATRIC ALLERGY /

IMMUNOLOGY

LEIBEL, SYDNEY

Provider ID: 205724

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 5776 RUFFIN RD
SAN DIEGO, CA 92123

☎ Phone: (858) 292-1144

📞 After Hours Phone: (858)
292-1144

Provider Gender: Male

NPI: 1861666919

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC ALLERGY / IMMUNOLOGY

LEIBEL, SYDNEY

Provider ID: 205725

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 3030 CHILDRENS WAY FL
2 NORTH

SAN DIEGO, CA 92123

☎ Phone: (858) 966-5961

📞 After Hours Phone: (858)
966-5961

Provider Gender: Male

NPI: 1861666919

🗣 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC CARDIOLOGY

BOCK, MATTHEW

Provider ID: 280463

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

📠 Fax: (858) 966-7903

📞 After Hours Phone: (858)
966-5855

Provider Gender: Male

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

NPI: 1356514624


 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LOMA
LINDA UNIVERSITY MED CTR,
LOMA LINDA UNIVERSITY
CHILDRENS HOSPITAL, RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC CARDIOLOGY

BORQUEZ, ALEJANDRO

Provider ID: 284120

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855


Fax: (858) 966-7903

 After Hours Phone: (858)
966-5855

Provider Gender: Female

NPI: 1114277787

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC CARDIOLOGY

CHAU, PETER


Provider ID: 271427

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)
966-5855

Provider Gender: Male

NPI: 1407146947

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: LOMA
LINDA UNIVERSITY
CHILDRENS HOSPITAL, LOMA

LINDA UNIVERSITY MED CTR,
RADY CHILDRENS HOSPITAL


SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ After Hours Phone: (858) 966-5855

Provider Gender: Female

NPI: 1023329885

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health 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

LEHNERTSCHUCHARDT,

ELEANOR

Provider ID: 262250

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5855

Fax: (858) 966-7903

☎ After Hours Phone: (858) 966-5855

Provider Gender: Female

NPI: 1760707210

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

MCCANDLESS, RACHEL

Provider ID: 206147

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

☎ Phone: (858) 966-4912

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

SILVASEPULVEDA, JOSE

Provider ID: 206297

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 1417222472

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, 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\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC CARDIOLOGY

VAUGHN, GABRIELLE

Provider ID: 205643

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 576-1700

Fax: (858) 966-7423

After Hours Phone: (858) 576-1700

Provider Gender: Female

NPI: 1891004461

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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, UCSD MEDICAL CTR,
UCSF BENIOFF CHILDREN'S
HOSPITAL OAKLAND


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC CARDIOLOGY

YOUNOSZAI, ADEL

Provider ID: 303133

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)
966-5855

Provider Gender: Male

NPI: 1952493819

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC DERMATOLOGY

EICHENFIELD, DAWN

Provider ID: 283142

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
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\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC DERMATOLOGY








EICHENFIELD, DAWN






Provider ID: 303679

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

 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\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health
 Network




280-2905
 Provider Gender: Female
 NPI: 1851927883
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi
 Cultural Competency: N
 Hospital Affiliation: KAISER
 FOUNDATION HOSPITAL SAN
 DIEGO, RADY CHILDRENS
 HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 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

NPI: 1851927883
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Farsi
 Cultural Competency: N
 Hospital Affiliation: KAISER
 FOUNDATION HOSPITAL SAN
 DIEGO, RADY CHILDRENS
 HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Website: N/A
 IPA: Rady Childrens Health
 Network






PEDIATRIC EMERGENCY MEDICINE

AGHILI, ROXANA
 Provider ID: 303780
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH
 NETWORK
 4305 UNIVERSITY AVE STE
 150
 SAN DIEGO, CA 92105
 Phone: (619) 280-2905
 Fax: (619) 283-1614
 After Hours Phone: (619)

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
 إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

Cultural Competency: N
Hospital 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



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
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER




 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

AUSTIN-PAGE, LUKAS

Provider ID: 205589
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
966-8800




Provider Gender: Male

NPI: 1326301862

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:




CHILDRENS HOSP OF LOS
ANGELES, RADY CHILDRENS

HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE



BIALOSTOZKY, MARIO

Provider ID: 206011
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
966-8800

Provider Gender: Male

NPI: 1609281450

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, RADY
CHILDRENS HOSPITAL SAN
DIEGO, SCRIPPS MERCY
HOSPITAL, SCRIPPS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 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

 Website: N/A

IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRIC EMERGENCY MEDICINE


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


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


PEDIATRIC EMERGENCY MEDICINE


CHOO, SUN

Provider ID: 296535

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1700047628

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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\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

Provider ID: 205960

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: 1205813409

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST

HEALTHCARE INLAND
VALLEY HOSPITAL, SHARP
CHULA VISTA MED CTR, UCSF
BENIOFF CHILDREN'S
HOSPITAL OAKLAND,
SOUTHWEST HEALTHCARE
RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY

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\19

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

PEDIATRIC EMERGENCY MEDICINE

CONRAD, HEATHER

PEDIATRIC EMERGENCY MEDICINE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\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

DELRE, 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

NPI: 1275761371

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

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\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

DO, STEPHANIE

Provider ID: 287393

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female













NPI: 1750513644

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




<p> 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</p>	<p>SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND Medi-Cal Open Panel: Yes Min/Max Age: 0\19 American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: Rady Childrens Health Network</p>	<p>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</p>
--	--	---

PEDIATRIC EMERGENCY MEDICINE

<p><u>PEDIATRIC EMERGENCY MEDICINE</u> 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,</p>	<p><u>PEDIATRIC EMERGENCY MEDICINE</u> 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</p>	<p>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</p>
---	---	--








اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network








PEDIATRIC EMERGENCY MEDICINE

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








PEDIATRIC EMERGENCY MEDICINE

GORHAM, LAURA

Provider ID: 275784
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
 *Phone: (619) 280-2058*
Fax: (858) 633-4682
 *After Hours Phone: (619) 280-2058*
Provider Gender: Female
NPI: 1316162324
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM SA 8AM-2PM*
 *Website: N/A*
IPA: Rady Childrens Health Network



PEDIATRIC EMERGENCY MEDICINE

HERSKOVITZ, SCOTT

Provider ID: 261045
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 *Phone: (858) 966-8800*
 *After Hours Phone: (858) 966-8800*
Provider Gender: Male
NPI: 1225393499
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

HUNTER, WENDY

Provider ID: 206278
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 *Phone: (858) 966-8800*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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

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

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







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


American Sign Language (ASL):  Hours: SU 1PM-10PM
N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: Rady Childrens Health Network

 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

KINGDON, JOANNA
Provider ID: 302317
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 4305 UNIVERSITY AVE STE 150
SAN DIEGO, CA 92105
 Phone: (619) 280-2905
Fax: (619) 283-1614
 After Hours Phone: (619) 280-2905
Provider Gender: Female
NPI: 1609495399
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

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\19
American Sign Language (ASL): 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): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
IPA: Rady Childrens Health Network, UCSD Medical Group

PEDIATRIC EMERGENCY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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\19

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
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\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

MESIWALA, ADNAN

Provider ID: 275654

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1528483955

Provider English Spoken: Y

Provider Language(s) Spoken: Gujarati

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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


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):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


Network


PEDIATRIC EMERGENCY MEDICINE


NGUYEN, MARGARET

Provider ID: 270705

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK


 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1942485248

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين





 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
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

PEDIATRIC EMERGENCY MEDICINE

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




PEDIATRIC EMERGENCY MEDICINE

PARKER, SHERINE

Provider ID: 205784
Board Certified Specialty: No
RADY CHILDRENS HEALTH



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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




PEDIATRIC EMERGENCY MEDICINE

RANASURIYA, DUNISHA

Provider ID: 216970


Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1740468057


 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

 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):

 Accessibility: CONTACT
PROVIDER

 Website: N/A




IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

RUIZ, MONICA

Provider ID: 305340

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1982059689

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE


RUSSELL, SAMUEL

Provider ID: 301250

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)
280-2905

Provider Gender: Male

NPI: 1215564265

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY MEDICINE


RUSSELL, SAMUEL

Provider ID: 301249

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

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


PEDIATRIC EMERGENCY MEDICINE


SALEH, FAREED

Provider ID: 206216

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Male

NPI: 1366691115

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

SCHROTER, STEPHANIE

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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)
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\19
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\19
American Sign Language (ASL):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

N	Network	Network
<p> Accessibility: CONTACT PROVIDER</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</p>		
<p><u>PEDIATRIC EMERGENCY MEDICINE</u></p>	<p><u>PEDIATRIC EMERGENCY MEDICINE</u></p>	<p><u>PEDIATRIC EMERGENCY MEDICINE</u></p>
<p>SOUDER, CHRISTOPHER</p> <p>Provider ID: 301635</p> <p>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p> 3030 CHILDRENS WAY FL 3 SAN DIEGO, CA 92123</p> <p> Phone: (858) 966-6789</p> <p>Fax: (858) 966-6706</p> <p> After Hours Phone: (858) 966-6789</p> <p>Provider Gender: Male</p> <p>NPI: 1851540199</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND</p> <p>Medi-Cal Open Panel: No</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p>	<p>TAMAS, VANESSA</p> <p>Provider ID: 206212</p> <p>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123</p> <p> Phone: (858) 576-1700</p> <p> After Hours Phone: (858) 576-1700</p> <p>Provider Gender: Female</p> <p>NPI: 1326225368</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p>	<p>TANG, ANDREW</p> <p>Provider ID: 294677</p> <p>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p> <p> 3020 CHILDRENS WAY SAN DIEGO, CA 92123</p> <p> Phone: (858) 966-8800</p> <p> After Hours Phone: (858) 966-8800</p> <p>Provider Gender: Male</p> <p>NPI: 1184071516</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\19</p> <p>American Sign Language (ASL): N</p>
<p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health</p>	<p> Accessibility: CONTACT PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health</p>	<p><u>PEDIATRIC EMERGENCY MEDICINE</u></p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

TODD, SARAH

Provider ID: 302800

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)
280-2905

Provider Gender: Female

NPI: 1407299787

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RONALD
REAGAN UCLA MED CTR,
SANTA MONICA UCLA MED
CTR, RADY CHILDRENS
HOSPITAL SAN DIEGO, UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY
MEDICINE

TRAN, THERESA

Provider ID: 301834

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1417496985

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish,
Vietnamese

Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, SOUTHWEST
HEALTHCARE RANCHO
SPRINGS HOSPITAL,
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

TRAUT, JOEL

Provider ID: 205475

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: 1982792065

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY
MEDICINE

ULRICH, STACEY

Provider ID: 205847

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

SAN DIEGO, CA 92123
☎ Phone: (858) 966-8036
🕒 After Hours Phone: (858) 966-8036
Provider Gender: Female
NPI: 1619049236
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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 EMERGENCY MEDICINE

VAIDYA, KAMALA
Provider ID: 205811
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: 1083840920
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE

VAIDYA, KAMALA
Provider ID: 205809
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: 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
🌐 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC EMERGENCY MEDICINE



VANE, JACKSON
Provider ID: 205883
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ Phone: (858) 966-8800
🕒 After Hours Phone: (858) 966-8800

Provider Gender: Male
NPI: 1952608580
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network



PEDIATRIC EMERGENCY MEDICINE

VANWOY, LAUREN

Provider ID: 301574
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800

Provider Gender: Female
NPI: 1568959161

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: PALOMAR
HEALTH, PALOMAR MEDICAL
CENTER, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE


VARGAS, JACLYN

Provider ID: 296486
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 Phone: (619) 280-2905
Fax: (619) 283-1614

 After Hours Phone: (619)
280-2905


Provider Gender: Female
NPI: 1619359718

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, Los Angeles General
Medical Center, UCSD
MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC EMERGENCY

MEDICINE

VARGAS, JACLYN

Provider ID: 285935
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123

 Phone: (858) 576-1700
Fax: (858) 966-8479

 After Hours Phone: (858)
576-1700

Provider Gender: Female
NPI: 1619359718



 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, Los Angeles General
Medical Center, 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 EMERGENCY MEDICINE

VARGAS, JACLYN

Provider ID: 285934

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1619359718

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, Los Angeles General
Medical Center, 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 EMERGENCY MEDICINE

VAYNGORTIN, TATYANA

Provider ID: 263012

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1578967907

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF
BENIOFF CHILDREN'S
HOSPITAL OAKLAND,
CHILDRENS HOSP OF LOS
ANGELES, RADY CHILDRENS
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC EMERGENCY MEDICINE

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\19

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19
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
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\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







YAPHOCKUN, KARENKIM
Provider ID: 206184
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
3020 CHILDRENS WAY SAN DIEGO, CA 92123
Phone: (858) 576-1700
After Hours Phone: (858) 576-1700
Provider Gender: Female
NPI: 1861880817
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *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\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network








PEDIATRIC ENDOCRINOLOGY

CYMBALUK, ANNA

Provider ID: 294214
Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY STE 4
 SAN DIEGO, CA 92123
 *Phone: (858) 966-4032*
Fax: (858) 966-6227
 *After Hours Phone: (858) 966-4032*
Provider Gender: Female
NPI: 1043674849
 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: Rady Childrens Health Network

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC ENDOCRINOLOGY

SINGH, PUJA

Provider ID: 302818

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL

4

SAN DIEGO, CA 92123

Phone: (858) 966-4032

Fax: (858) 966-6227

After Hours Phone: (858)
966-4032

Provider Gender: Female

NPI: 1841721172

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC ENDOCRINOLOGY

VARGASTRUJILLO, MARCELA

Provider ID: 205605

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL

4

SAN DIEGO, CA 92123

Phone: (858) 966-4032

Fax: (858) 966-4032

After Hours Phone: (858)
966-4032

Provider Gender: Female

NPI: 1952534091

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC

GASTROENTEROLOGY

CHU, CHRISTOPHER

Provider ID: 301639

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL

2

SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858)
966-4003

Provider Gender: Male

NPI: 1912369273

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Yue


Chinese


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: No
Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRIC GASTROENTEROLOGY

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\19

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


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health
Network

PEDIATRIC GASTROENTEROLOGY


GOYAL, NIDHI

Provider ID: 205598

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

 3030 CHILDRENS WAY FL
2 SOUTH

SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

 After Hours Phone: (858)
966-4003

Provider Gender: Female

NPI: 1598029332

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC GASTROENTEROLOGY

KATIBIAN, DAVID

Provider ID: 310954

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

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\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC GASTROENTEROLOGY

LIN, TOM

Provider ID: 297707

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL
2

SAN DIEGO, CA 92123

Phone: (858) 966-4003

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1265465918

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC

GASTROENTEROLOGY

SHARMA, ANITA

Provider ID: 311774

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: 1871989335

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

BRIGGS, BENJAMIN

Provider ID: 274689

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY FL 2 SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858) 966-5811

Provider Gender: Male

NPI: 1952695777

Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, NAVAL MEDICAL CTR SD RBE

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

BUSH, KELLY

Provider ID: 274408

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY STE 2

SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858) 966-5811

Provider Gender: Female

NPI: 1073831079

Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

CHOO, SUN

Provider ID: 206115

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY STE 2-WEST

SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858) 966-5811

Provider Gender: Female

NPI: 1700047628

Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

DING, HILDA

Provider ID: 206173

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3010 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5811
Fax: (858) 966-8035

After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1780813923

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

ELSTER, JENNIFER

Provider ID: 205769

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

3010 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1588866115

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

GANESAN, ANUSHA

Provider ID: 205882

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3010 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1982091740

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

JAFFRAY, JULIE

Provider ID: 296760

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)
966-5811

Provider Gender: Female




NPI: 1396942470

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:
CHILDRENS HOSP OF LOS
ANGELES, RADY CHILDRENS
HOSPITAL SAN DIEGO, UCSD




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY








KUO, DENNIS
Provider ID: 205433
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3010 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 966-5811
Fax: (858) 966-8035
 After Hours Phone: (858) 966-5811
Provider Gender: Male
NPI: 1750492146
 Provider English Spoken: Y
 Provider Language(s) Spoken: Chinese, Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

LI, HOJUN
Provider ID: 307300
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123
 Phone: (858) 966-5811
Fax: (858) 966-8035
 After Hours Phone: (858) 966-5811
Provider Gender: Male
NPI: 1730455239
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY /

ONCOLOGY
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\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

LIU, ANGELA
Provider ID: 310982
Board Certified Specialty: No
RADY CHILDRENS HEALTH

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

SRIDHAR, SUNITA

Provider ID: 302088

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH
NETWORK

3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)

966-5811

Provider Gender: Female

NPI: 1649707365

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

WONG, VICTOR

Provider ID: 206149

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

3010 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)
966-5811

Provider Gender: Male

NPI: 1154692473

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

YU, JENNIFER

Provider ID: 206148

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

3010 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)
966-5811

Provider Gender: Female

NPI: 1326315599

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

YU, HELENA

Provider ID: 301583

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858) 966-5811

Provider Gender: Female

NPI: 1881127736

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC HEMATOLOGY / ONCOLOGY

ZAGE, PETER

Provider ID: 206315

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY STE 2W
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858) 966-5811

Provider Gender: Male

NPI: 1912003161

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC INFECTIOUS DISEASES

MILDER, EDMUND

Provider ID: 289138

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2
SAN DIEGO, CA 92123

Phone: (858) 966-7785

Fax: (858) 966-8658

After Hours Phone: (858) 966-7785

Provider Gender: Male

NPI: 1760460026

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

PEDIATRIC NEPHROLOGY

CARTER, CAITLIN

Provider ID: 302777

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

RADY CHILDRENS HEALTH NETWORK

8110 BIRMINGHAM WAY FL 1
SAN DIEGO, CA 92123
Phone: (858) 966-8052
Fax: (858) 966-7789
After Hours Phone: (858) 966-8052

Provider Gender: Female
NPI: 1255514618

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

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\19
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




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSF BENIOFF
CHILDREN'S HOSPITAL
OAKLAND, UCSF MEDICAL
CENTER, SHARP MEMORIAL
HOSPITAL, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC 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\19
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health
Network




PEDIATRIC PULMONOLOGY

AKONG, KATHRYN
Provider ID: 205673
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK




 3030 CHILDRENS WAY STE
2
SAN DIEGO, CA 92123
 Phone: (858) 966-5846
Fax: (858) 966-8457
 After Hours Phone: (858)
966-5846
Provider Gender: Female
NPI: 1912169061
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PEDIATRIC PULMONOLOGY

BHATTACHARJEE, RAKESH

Provider ID: 205950

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL
2 NORTH

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)
966-5846

Provider Gender: Male

NPI: 1588781173

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

NPI: 1598255325
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network, UCSD Medical Group

PEDIATRIC PULMONOLOGY

FIREIZEN, YARON

Provider ID: 302329
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
3030 CHILDRENS WAY FL
2
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 966-8457
After Hours Phone: (858)
966-5846
Provider Gender: Male
NPI: 1699123927
Provider English Spoken: Y
Provider Language(s)
Spoken: Hebrew
Cultural Competency: N
Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY

LANDEOGUTIERREZ, JEREMY

Provider ID: 284176
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 569-9052
After Hours Phone: (858)
966-5846
Provider Gender: Male
NPI: 1255750360
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY

LANDEOGUTIERREZ, JEREMY

Provider ID: 284177
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK
3030 CHILDRENS WAY FL
2
SAN DIEGO, CA 92123
Phone: (858) 966-5846
Fax: (858) 966-8457
After Hours Phone: (858)
966-5846
Provider Gender: Male
NPI: 1255750360
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PEDIATRIC PULMONOLOGY

LENHART-PENDERGRASS, PATRICIA

Provider ID: 294641

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858) 966-5846

Provider Gender: Female

NPI: 1144615659

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS 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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

966-5846

Provider Gender: Female

NPI: 1568533321

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC PULMONOLOGY

TANTISIRA, KELAN

Provider ID: 277183

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 569-9052

After Hours Phone: (858)
966-5846

Provider Gender: Male

NPI: 1760420434

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC RHEUMATOLOGY

CHANG, JOHANNA

Provider ID: 246394

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8082

After Hours Phone: (858)
966-8082

Provider Gender: Female

NPI: 1821242199

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC RHEUMATOLOGY

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\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRIC RHEUMATOLOGY

SHEETS, ROBERT

Provider ID: 255900

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL 1
SAN DIEGO, CA 92123

Phone: (858) 966-8082
Fax: (858) 966-4067

After Hours Phone: (858)
966-8082

Provider Gender: Male

NPI: 1013088772

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-4:30PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

ALAGIRI, MADHU

Provider ID: 206387

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

7920 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 966-7484

Fax: (858) 966-4064

After Hours Phone: (858)
966-7484

Provider Gender: Male

NPI: 1619083961

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: IHP of Southern Cal-PHP

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

PEDIATRICS

CAMERON, MELISSA

Provider ID: 205965

Board Certified Specialty: No

RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1902983752

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, PALOMAR MEDICAL
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PEDIATRICS

CHONG, AMY


Provider ID: 259993

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-5803

Fax: (858) 966-5992

 After Hours Phone: (858) 966-5803

Provider Gender: Female

NPI: 1720423288

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PEDIATRICS


DOAN STEPHENS, CRYSTAL

Provider ID: 293274

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619) 280-2058

Provider Gender: Female

NPI: 1730570144

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


PEDIATRICS

DOAN STEPHENS, CRYSTAL

Provider ID: 293275

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1730570144

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


PEDIATRICS

DOSHI, AMI

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, PALOMAR MEDICAL
CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS


DOSHI, AMI

Provider ID: 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
DIEGO, PALOMAR MEDICAL

CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network


PEDIATRICS

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\19


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS


GIBONEY, JENNIFER

Provider ID: 296241

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

Fax: (858) 633-4682

 After Hours Phone: (619)
280-2058

Provider Gender: Female

NPI: 1275895849

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-2PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,
Rady Childrens Health
Network

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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\19

American Sign Language (ASL): N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

PEDIATRICS

HUANG, MARIA

Provider ID: 205974

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1770841140

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

JIMENEZBACARDI, ADRIA

Provider ID: 294640

Board Certified Specialty: No
RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)
966-5841

Provider Gender: Male

NPI: 1467847293

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

PEDIATRICS

KARMAKAR, KANKA

Provider ID: 213847
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC

10737 CAMINO RUIZ STE 235
 SAN DIEGO, CA 92126
 Phone: (844) 200-2426
 Fax: (858) 578-4417
 After Hours Phone: (844) 200-2426
 Provider Gender: Female
 NPI: 1972536654

Provider English Spoken: Y
 Provider Language(s) Spoken: Bengali, Hindi, Polish, Spanish, Tagalog
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\18
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER
 Hours: M-TU 8:30AM-5:30PM
 W 10AM-7PM
 TH-F 8:30AM-5:30PM
 Website: N/A
 IPA: Community Care IPA LLC

PEDIATRICS

KHARE, MANASWITHA

Provider ID: 206289
 Board Certified Specialty: Yes
 RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-5841
 Fax: (858) 966-6728
 After Hours Phone: (858) 966-5841
 Provider Gender: Female
 NPI: 1912345307

Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Network

PEDIATRICS

LEE, BEGEM

Provider ID: 205923

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1053672444

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S
HOSPITAL OAKLAND, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

LOPEZ, XIMENA

Provider ID: 302856

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3030 CHILDRENS WAY FL
4
SAN DIEGO, CA 92123

Phone: (858) 966-4032

Fax: (858) 966-6227

After Hours Phone: (858)
966-4032

Provider Gender: Female

NPI: 1740316405

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health

Network

PEDIATRICS

MANNINOAVILA, ELIZABETH

Provider ID: 262161

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1164747127

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S
HOSPITAL OAKLAND, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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: 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\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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

IPA: Rady Childrens Health Network


Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

PEDIATRICS

NGO, MAI



Provider ID: 302114
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 195
 SAN DIEGO, CA 92123

 Phone: (858) 966-8974
 Fax: (858) 966-6721

 After Hours Phone: (858) 966-8974

Provider Gender: Female
 NPI: 1508910787

 Provider English Spoken: Y
 Provider Language(s) Spoken: Vietnamese
 Cultural Competency: N


Hospital Affiliation: UCSF
 BENIOFF CHILDREN'S HOSPITAL OAKLAND, UCSF
 MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM


 Website: N/A

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


PEDIATRICS

PIERCE, HEATHER


Provider ID: 205701

 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


PEDIATRICS

POLICH, MICHELLE

Provider ID: 286390

Board Certified Specialty: Yes
 RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

966-8800
Provider Gender: Female
NPI: 1780118018
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🌐 Website: N/A
IPA: Rady Childrens Health
Network

PEDIATRICS

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

DIEGO
Medi-Cal Open Panel: Yes
Min/Max 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PEDIATRICS

RUNGVIVATJARUS, TIRANUN

Provider ID: 206319

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1407276363

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

PEDIATRICS

STOVER, LAURIE

Provider ID: 206196

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-5841

After Hours Phone: (858)
966-5841

Provider Gender: Female

NPI: 1659442317

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PHYSICAL MEDICINE / REHABILITATION


DALAL, PRITHA

Provider ID: 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\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


PHYSICAL MEDICINE / REHABILITATION

RICHARDSON, HENRY


Provider ID: 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):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


PHYSICAL MEDICINE / REHABILITATION


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):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

SCOTT-WYARD, PHOEBE






Provider ID: 287519

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK





 7910 FROST ST STE 195
SAN DIEGO, CA 92123




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين





 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): Network
 N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

PHYSICAL MEDICINE / REHABILITATION

SKALSKY, ANDREW
 Provider ID: 287537
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK
 7910 FROST ST STE 195
 SAN DIEGO, CA 92123
 Phone: (858) 966-8974
 After Hours Phone: (858) 966-8974
 Provider Gender: Male
 NPI: 1487635272
 Provider English Spoken: Y







Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

PHYSICIANS ASSISTANT


AINSWORTH, DELISSA
 Provider ID: 243367
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 4510 EXECUTIVE DR
 SAN DIEGO, CA 92121
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
 Provider Gender: Female
 NPI: 1750734893
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation:
 SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY

THORNTON
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

ALBRIGHT, KELSEY
 Provider ID: 284763
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 200 W ARBOR DR
 SAN DIEGO, CA 92103
 Phone: (800) 923-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 923-8273
 Provider Gender: Female
 NPI: 1235653148
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Website: N/A
IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

ARMEEN, GARY

Provider ID: 247035
Board Certified Specialty: No
UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1760774863

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


PHYSICIANS ASSISTANT

BERGEN, SOPHEA

Provider ID: 295518
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 6719 ALVARADO RD STE

308
SAN DIEGO, CA 92120

 Phone: (619) 265-7912
Fax: (619) 265-7922


 After Hours Phone: (619) 265-7912

Provider Gender: Female
NPI: 1558300665

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: 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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

CASTILLO, PATRICIA


Provider ID: 257530


Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

Provider Gender: Female

NPI: 1376550657

 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH
8:30AM-5:30PM
F 8:30AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT


PHYSICIANS ASSISTANT


DERISSI, DANA

Provider ID: 301632

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK



 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)
966-8800

Provider Gender: Female

NPI: 1063829505

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Farsi, Persian

Cultural Competency: N


Hospital Affiliation: LOMA
LINDA UNIVERSITY MED CTR,
RADY CHILDRENS HOSPITAL
SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network


PHYSICIANS ASSISTANT

DU, SARAH

Provider ID: 310603

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

NPI: 1295502763


 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open 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

DU, SARAH

Provider ID: 311792

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: 1295502763

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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


GEBAUER, HEATHER

Provider ID: 311549


Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 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


GEBAUER, HEATHER

Provider ID: 311550

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: 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

GUTH, CARA


Provider ID: 299111

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 9333 GENESEE AVE STE
350

SAN DIEGO, CA 92121

 Phone: (858) 455-6460

Fax: (858) 455-5362

 After Hours Phone: (858)
455-6460

Provider Gender: Female

NPI: 1992177182


 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 21\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




 *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):

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):

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<p>N ♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 8AM-5PM 🌐 Website: N/A IPA: UCSD Medical Group</p>	<p>IHP OF SOUTHERN CAL-PHP 📍 6719 ALVARADO RD STE 308 SAN DIEGO, CA 92120 ☎ Phone: (619) 265-7912 📠 Fax: (619) 265-7922 📞 After Hours Phone: (619) 265-7912 Provider Gender: Female NPI: 1245863737 📄 Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N</p>	<p>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</p>
<hr/> <p>PHYSICIANS ASSISTANT</p> <p>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</p>	<p>♿ Accessibility: CONTACT PROVIDER 🕒 Hours: M-F 9AM-5PM 🌐 Website: N/A IPA: IHP of Southern Cal-PHP</p>	<hr/> <p>PHYSICIANS ASSISTANT</p> <p>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</p>
<hr/> <p>PHYSICIANS ASSISTANT</p> <p>LAM, DAVINA Provider ID: 295651 Board Certified Specialty: No</p>	<p>♿ Accessibility: CONTACT PROVIDER 🌐 Website: N/A IPA: UCSD Medical Group</p>	
<hr/> <p>PHYSICIANS ASSISTANT</p> <p>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</p>		

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

PHYSICIANS ASSISTANT


MOREO, HUNTER

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: SCRIPPS
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA


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,


IHP of Southern Cal-PHP

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: SCRIPPS
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA


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,
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): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health
Network

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

PHYSICIANS ASSISTANT

PAUL, ROBERT

Provider ID: 307945

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

📍 5395 RUFFIN RD STE 204
SAN DIEGO, CA 92123

☎ Phone: (858) 571-3630

Fax: (858) 295-3948

☎ After Hours Phone: (858) 571-3630

Provider Gender: Male

NPI: 1972811412

☑ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F
8:30AM-4:30PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

PELIO, DARREN

Provider ID: 293444

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 3900 5TH AVE STE 110
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8278

Fax: (888) 539-8786

☎ After Hours Phone: (800) 926-8278

Provider Gender: Male

NPI: 1386791028

☑ Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

PELIO, DARREN

Provider ID: 293441

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8275

Fax: (888) 539-8783

☎ After Hours Phone: (800) 926-8275

Provider Gender: Male








NPI: 1386791028

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين





 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

PERREAULT, MARK
Provider ID: 283586
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1356749451
 Provider English Spoken: Y
Cultural Competency: N
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: 283585
Board Certified Specialty: No
UCSD MEDICAL GROUP
 4520 EXECUTIVE DR
SAN DIEGO, CA 92121
 Phone: (800) 926-8273
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1356749451

 Provider English Spoken: Y
Cultural Competency: N
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

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



PHYSICIANS ASSISTANT

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


PROVIDER


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

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


PHYSICIANS ASSISTANT

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
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

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

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



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

<p>PHYSICIANS ASSISTANT</p> <p>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 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</p>	<p>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</p>	<p>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</p>
<p>PHYSICIANS ASSISTANT</p> <p>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</p>	<p>PHYSICIANS ASSISTANT</p> <p>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</p>	<p>PHYSICIANS ASSISTANT</p> <p>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</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 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) 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 Website: N/A
IPA: UCSD Medical Group


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

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





WAHLIN, TAMARA



Provider ID: 299598

Board Certified Specialty: No
UCSD MEDICAL GROUP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



D. دليل مقدمي الخدمات المتخصصين

 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

WAHLIN, TAMARA
Provider ID: 299599
Board Certified Specialty: No
UCSD MEDICAL GROUP
 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273



Provider Gender: Female
NPI: 1083823322
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

WEBB, SHANNON
Provider ID: 305285
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 6605 NANCY RIDGE DR
SAN DIEGO, CA 92121
 Phone: (858) 750-2983
Fax: (858) 750-2984
 After Hours Phone: (858)
750-2983

Provider Gender: Female
NPI: 1821271685
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 9AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

WEIR, JACQUELINE
Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 278201

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103

Phone: (800) 925-8271

Fax: (888) 539-8781

After Hours Phone: (800)
925-8271

Provider Gender: Female

NPI: 1932494499

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

WEIR, JACQUELINE

Provider ID: 278200

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1932494499

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PHYSICIANS ASSISTANT

WRIGHT, DEREK

Provider ID: 302388

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

3434 MIDWAY DR STE 2001
SAN DIEGO, CA 92110

Phone: (619) 325-1161

Fax: (619) 325-1717

After Hours Phone: (619)
325-1161

Provider Gender: Male

NPI: 1629674858

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

PHYSICIANS ASSISTANT

WRIGHT, DEREK

Provider ID: 310777

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N

 **Accessibility:** CONTACT PROVIDER

 **Website:** N/A

IPA: IHP of Southern Cal-PHP, UCSD Medical Group

PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER


SIETSMA, ALEXANDRA

Provider ID: 276908

Board Certified Specialty: No

UCSD MEDICAL GROUP

 350 DICKINSON ST
SAN DIEGO, CA 92103

 **Phone:** (800) 926-8273

Fax: (888) 539-8781

 **After Hours Phone:** (800) 926-8273

Provider Gender: Female

NPI: 1932522778

 **Provider English Spoken:** Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 **Accessibility:** CONTACT PROVIDER

 **Website:** N/A

IPA: UCSD Medical Group

PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER


SIETSMA, ALEXANDRA

Provider ID: 276909

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 **Phone:** (800) 926-8273

Fax: (888) 539-8781

 **After Hours Phone:** (800) 926-8273

Provider Gender: Female

NPI: 1932522778

 **Provider English Spoken:** Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 **Accessibility:** CONTACT PROVIDER

 **Website:** N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

ABERCROMBIE, SHERI


Provider ID: 293400

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 **Phone:** (858) 279-0925

Fax: (858) 633-4680

 **After Hours Phone:** (858) 279-0925

Provider Gender: Female

NPI: 1932292422

 **Provider English Spoken:** Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 **Accessibility:** CONTACT PROVIDER

 **Hours:** M-F
8:30AM-5:30PM

SA 8:30AM-4PM

 **Website:** N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 18\None

American Sign Language (ASL): Provider ID: 304195

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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


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):

 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):

 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

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 *Accessibility: CONTACT PROVIDER*
 *Hours: M 8AM-4:30PM
TU 8AM-12PM
W 8AM-4:30PM
TH 8AM-12PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP


PSYCHOLOGIST

BASS, GURGIANA

Provider ID: 290752
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 *Phone: (858) 810-8700*
Fax: (858) 633-4680
 *After Hours Phone: (858)
810-8700*

Provider Gender: Female
NPI: 1639325277

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

*American Sign Language (ASL):
N*



 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*
IPA: IHP of Southern Cal-PHP


PSYCHOLOGIST

CHESHER, NICHOLAS

Provider ID: 273811
Board Certified Specialty: No

UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800)
926-8273*



Provider Gender: Male
NPI: 1124539697

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*



 *Hours: M-F 8AM-5PM*
 *Website: N/A*

IPA: UCSD Medical Group

PSYCHOLOGIST

CLEMENT, LUIS


Provider ID: 290745
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE
SAN DIEGO, CA 92103
 *Phone: (619) 234-2158*
Fax: (619) 234-0206

 *After Hours Phone: (619)
234-2158*

Provider Gender: Male

NPI: 1235364712

 *Provider English Spoken: Y*
Cultural Competency: N
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

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

PSYCHOLOGIST

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

FIRESTONE, MICHELLE

Provider ID: 290954

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

🕒 After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1114687803

🗨 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

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








اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




Min/Max Age: 18\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: IHP of Southern Cal-PHP




PSYCHOLOGIST

GOMEZ, JUANITA





Provider ID: 291424
Board Certified Specialty: No
UCSD MEDICAL GROUP
 6030 VILLAGE WAY
SAN DIEGO, CA 92130
 Phone: (800) 926-8372
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8372
Provider Gender: Female
NPI: 1790915759
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: UCSD Medical Group

PSYCHOLOGIST

**LEBENSOHN CHIALVO,
FLORENCIA**

Provider ID: 245224

Board Certified Specialty: No
UCSD MEDICAL GROUP

9333 GENESEE AVE STE
200

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1134788730

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

PSYCHOLOGIST

NING, GRACE

Provider ID: 296219
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1598911315

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

NING, GRACE

Provider ID: 290742
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1598911315

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese, Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A


IPA: IHP of Southern Cal-PHP


PSYCHOLOGIST

NORMAN, MARC

Provider ID: 272916
Board Certified Specialty: No
UCSD MEDICAL GROUP


 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (619) 543-2827

 After Hours Phone: (619)
543-2827

Provider Gender: Male

NPI: 1922169101

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group

PSYCHOLOGIST

NORMAN, MARC

Provider ID: 276869
Board Certified Specialty: No
UCSD MEDICAL GROUP

 350 DICKINSON ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1922169101

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: UCSD Medical Group

PSYCHOLOGIST

ORFF, HENRY

Provider ID: 273009

Board Certified Specialty: No
UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

Phone: (844) 757-5337

After Hours Phone: (844)
757-5337

Provider Gender: Male

NPI: 1144685215

Provider English Spoken: Y

Cultural Competency: N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1821365008

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TU
8:30AM-5:30PM

TH-F 8:30AM-5:30PM

Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

SALO, STEPHANIE

Provider ID: 307831

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

4290 POLK AVE
SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)
563-0250

Provider Gender: Female

NPI: 1477967784

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 17\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

PSYCHOLOGIST

SCHELLINGER, KRISTON

Provider ID: 213752

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103

Phone: (858) 246-1979

After Hours Phone: (858)
246-1979

Provider Gender: Female

NPI: 1710234273

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD LA JOLLA JOHN
SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

SCHELLINGER, KRISTON

Provider ID: 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

SCHELLINGER, KRISTON

Provider ID: 213750

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: No
UCSD MEDICAL GROUP

9333 GENESEE AVE STE
200

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1710234273

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, UCSD LA JOLLA JOHN
SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

PSYCHOLOGIST

TARLE, STEPHANIE

Provider ID: 303115

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1659920403

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-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: 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

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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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
Website: N/A
IPA: UCSD Medical Group

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

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

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
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Website: N/A
IPA: UCSD Medical Group

PULMONARY DISEASES

BAILEY, JACOB
Provider ID: 299924
Board Certified Specialty: No
UCSD MEDICAL GROUP
4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Phone: (800) 926-8273

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

JOSHUA, JISHA

Provider ID: 238061

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1023436417

☑ Provider English Spoken: Y
☑ Provider Language(s)

Spoken: Hindi, Malayalam
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

PULMONARY DISEASES

JOSHUA, JISHA

Provider ID: 238062

Board Certified Specialty: No
UCSD MEDICAL GROUP

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1023436417

☑ Provider English Spoken: Y
☑ Provider Language(s)

Spoken: Hindi, Malayalam
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

PULMONARY DISEASES

LE, HUAN

Provider ID: 300636

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 5507 EL CAJON BLVD STE
C

SAN DIEGO, CA 92115

☎ Phone: (619) 582-1448

Fax: (619) 582-1081

☎ After Hours Phone: (619) 582-1448

Provider Gender: Male

NPI: 1780797381

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: French, Spanish,
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA

VISTA MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-W 9AM-5PM
TH 8AM-1PM








اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F 9AM-6PM
SA 8AM-11AM


 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

PULMONARY DISEASES

LE, HUAN







Provider ID: 27358
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 5507 EL CAJON BLVD STE
C
SAN DIEGO, CA 92115
 Phone: (619) 582-1448
Fax: (619) 582-1081
 After Hours Phone: (619)
582-1448
Provider Gender: Male
NPI: 1780797381
 Provider English Spoken: Y
 Provider Language(s)
Spoken: French, Spanish,
Vietnamese
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, PARADISE VALLEY
HOSPITAL, SHARP CHULA
VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 16\99
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-W 9AM-5PM

TH 8AM-1PM
F 9AM-6PM
SA 8AM-11AM

 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP







PULMONARY DISEASES

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
Medi-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

UCSD MEDICAL GROUP

200 W 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
NPI: 1053348920
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CHULA VISTA MED CTR,
SHARP MEMORIAL HOSPITAL,
GROSSMONT HOSPITAL,


PALOMAR MEDICAL CENTER,
Sharp Grossmont Hospital
Medi-Cal Open Panel: Yes
Min/Max Age: 19\100
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Community Care IPA LLC

RADIATION ONCOLOGY

HATTANGADI-GLUTH, JONA



Provider ID: 254496
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Phone: (858) 649-5100
Fax: (858) 649-5099
After Hours Phone: (858) 649-5100
Provider Gender: Female
NPI: 1467625491
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Hours: M-TH 8AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


F 8AM-8PM
 Website: N/A
 IPA: Community Care IPA LLC,
 Imperial Health Holdings
 Medical Group-SD

RADIATION ONCOLOGY

HATTANGADI-GLUTH, JONA
 Provider ID: 262270
 Board Certified Specialty: No
 IMPERIAL HEALTH HOLDINGS
 MEDICAL GROUP-SD


 16918 DOVE CANYON RD
 STE 103
 SAN DIEGO, CA 92127
 Phone: (858) 649-5100
 Fax: (858) 649-5099
 After Hours Phone: (858)
 649-5100


Provider Gender: Female
 NPI: 1467625491

 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD
 MEDICAL CTR
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None

American Sign Language (ASL): N




 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):

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

RADIOLOGY DIAGNOSTIC

AWWAD, REEM

Provider ID: 311085

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: 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

AWWAD, REEM

Provider ID: 311084

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

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: 269318

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1033521190

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

BERMAN, ZACHARY

Provider ID: 304163

Board Certified Specialty: No
UCSD MEDICAL GROUP

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1033521190

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: UCSD Medical Group

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

RADIOLOGY DIAGNOSTIC

BRANCH, CODY

Provider ID: 283675

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1851770622

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1851770622

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: UCSD Medical Group

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: 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

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,

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 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

 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: 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

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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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: 283228

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST STE 202
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1427430511

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

CHENG, KAREN

Provider ID: 283226

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1427430511

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

FAZELI, SOUDABEH

Provider ID: 299991

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1639553613

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

RADIOLOGY DIAGNOSTIC

FORCIER, NANCY

Provider ID: 286956

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1497721724

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL,

Providence Mission Hospital,
UCSD MEDICAL CTR

Medi-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

FOWLER, KATHRYN

Provider ID: 201291

Board Certified Specialty: No
UCSD MEDICAL GROUP

330 LEWIS ST STE 202
SAN DIEGO, CA 92103

Phone: (800) 926-8273
After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1255457941

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL
CTR, SCRIPPS MEMORIAL
HOSPITAL, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA,

SCRIPPS MEMORIAL
HOSPITAL ENCINITAS,
SCRIPPS GREEN HOSPITAL,
SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

FOWLER, KATHRYN

Provider ID: 201289

Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273
After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1255457941

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

THORNTON, UCSD MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC

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
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: 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

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




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين



Provider English Spoken: Y
Cultural Competency: N
Medi-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

GRISSOM, MURRAY



Provider ID: 271567
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1720465396

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, Stanford Health
Care, STANFORD HEALTH
CARE TRI-VALLEY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC




GRISSOM, MURRAY

Provider ID: 271569
Board Certified Specialty: No
UCSD MEDICAL GROUP
 330 LEWIS ST STE 202
SAN DIEGO, CA 92103
 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1720465396

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON, Stanford Health
Care, STANFORD HEALTH
CARE TRI-VALLEY
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

HANNSUN, GEMMY

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




 *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: 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



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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

HELMY, MARWAH

Provider ID: 311096

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

TWAIN MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 299958

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

JAFFRAY, PAUL

Provider ID: 299958

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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
MEDICAL CTR

Medi-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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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: 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: 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

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

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





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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): Min/Max Age: 0\None
N
 Accessibility: CONTACT
PROVIDER
 Website: N/A
IPA: UCSD Medical Group
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
Medi-Cal Open Panel: Yes

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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


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


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


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

RADIOLOGY DIAGNOSTIC

ROZELL, JOSEPH

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 299968

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: 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


SCHULTZ, HEATHER

Provider ID: 240342

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes

Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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


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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

THORNTON, LOMA LINDA
UNIVERSITY MED CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC


SPENGLER, NATHAN

Provider ID: 303049


Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1992919666

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, UCSD

MEDICAL CTR

Medi-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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MEDICAL CTR


Medi-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: 311565

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: 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


SUN, ALEX

Provider ID: 311564

Board Certified Specialty: No
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 Website: N/A
IPA: UCSD Medical Group

IPA: UCSD Medical Group


Provider Gender: Male
NPI: 1386987261


RADIOLOGY DIAGNOSTIC

SUN, ALEX

Provider ID: 311562
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

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


RADIOLOGY DIAGNOSTIC


SWEET, JASON

Provider ID: 305028

Board Certified Specialty: No
UCSD MEDICAL GROUP

 6655 ALVARADO RD
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1326197393

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD
MEDICAL CTR

Medi-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: 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 English Spoken: Y
Cultural Competency: N


Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: Yes

Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/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: 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: 304179

Board Certified Specialty: No

UCSD MEDICAL GROUP

 6655 ALVARADO RD

SAN DIEGO, CA 92120


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1386987261

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


IPA: UCSD Medical Group

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

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 300034
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1285165183

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER

Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

UNSDORFER, KYLE
Provider ID: 300035
Board Certified Specialty: No
UCSD MEDICAL GROUP
330 LEWIS ST
SAN DIEGO, CA 92103
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800)
926-8273
Provider Gender: Male
NPI: 1285165183

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Website: N/A
IPA: UCSD Medical Group

RADIOLOGY DIAGNOSTIC

VAHDAT, NOUSHIN
Provider ID: 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

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



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC

RADIOLOGY DIAGNOSTIC

VAKILIAN, SIAVOSH

Provider ID: 283207
 Board Certified Specialty: No
 COMMUNITY CARE IPA LLC

 5395 RUFFIN RD STE 103

SAN DIEGO, CA 92123
 Phone: (858) 505-4100
 Fax: (858) 429-7939

 After Hours Phone: (858) 505-4100

Provider Gender: Male

NPI: 1427456151

 Provider English Spoken: Y
 Cultural Competency: N


Hospital Affiliation: PIONEERS
 MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC

RADIOLOGY DIAGNOSTIC

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: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

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

NPI: 1154559037

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Korean

Cultural Competency: N

Hospital Affiliation: RADY
 CHILDRENS HOSPITAL SAN
 DIEGO

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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


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): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC


YORK, VINCENT

Provider ID: 283519

Board Certified Specialty: No
UCSD MEDICAL GROUP

 330 LEWIS ST STE 202
SAN DIEGO, CA 92103

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male


NPI: 1790146611


 Provider English Spoken: Y
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


RADIOLOGY DIAGNOSTIC


ZAPALA, MATTHEW

Provider ID: 307678

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSF


BENIOFF CHILDREN'S
HOSPITAL OAKLAND, UCSF
MEDICAL CENTER, UCSF
Medical Center At Mission Bay,
UCSF MEDICAL CENTER AT
MOUNT ZION, VALLEY
CHILDRENS 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


ZAPALA, MATTHEW

Provider ID: 307676

Board Certified Specialty: No
UCSD MEDICAL GROUP


 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S
HOSPITAL OAKLAND, UCSF

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


MEDICAL CENTER, UCSF
Medical Center At Mission Bay,
UCSF MEDICAL CENTER AT
MOUNT ZION, VALLEY


CHILDRENS 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


ZAPALA, MATTHEW

Provider ID: 307675

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF

MEDICAL CENTER, UCSF

Medical Center At Mission Bay,

UCSF MEDICAL CENTER AT

MOUNT ZION, VALLEY

CHILDRENS 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


REGISTERED DIETITIAN / NUTRITIONIST

CALLAWAY, MALLORY

Provider ID: 287926

Board Certified Specialty: No
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1477207611

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


REGISTERED DIETITIAN / NUTRITIONIST

FISHER, JENNIFER

Provider ID: 286339

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (619) 471-0438

Fax: (619) 543-3763

 After Hours Phone: (619)
471-0438

Provider Gender: Female

NPI: 1538312657

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-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

FISHER, JENNIFER

Provider ID: 286340

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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):

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

REGISTERED DIETITIAN / NUTRITIONIST

SIEVERING, DENISE

Provider ID: 268250

Board Certified Specialty: No
UCSD MEDICAL GROUP

4168 FRONT ST
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1356478929

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

AGUERO, PETER

Provider ID: 258299

Board Certified Specialty: No
UCSD MEDICAL GROUP

9333 GENESEE AVE STE
310

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982120861

Provider English Spoken: Y
Cultural Competency: N

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين


 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

 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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL): Provider ID: 206523

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

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):

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/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


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


REGISTERED PHYSICAL THERAPIST

VANDEWIELE, EMILY

Provider ID: 285183

Board Certified Specialty: No
UCSD MEDICAL GROUP

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781


 After Hours Phone: (800)
926-8273

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 259683

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689962169

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

REGISTERED PHYSICAL THERAPIST

WILLIAMS, STACY

Provider ID: 259684

Board Certified Specialty: No

UCSD MEDICAL GROUP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

4520 EXECUTIVE DR STE 1
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1689962169

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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: 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

EISENSTEIN, SAMUEL
 Provider ID: 286363
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 4303 LA JOLLA VILLAGE
 DR STE 2110
 SAN DIEGO, CA 92122

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

☎ 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: 286364

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1194983932

🗉 Provider English Spoken: Y
Cultural Competency: N

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
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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)
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider ID: 211903
Board Certified Specialty: No
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1770742264
Provider English Spoken: Y
Provider Language(s) Spoken: Arabic
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

ARMANI, AVA
Provider ID: 282141
Board Certified Specialty: Yes
UCSD MEDICAL GROUP
200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (858) 822-6100
After Hours Phone: (858)

822-6100
Provider Gender: Female
NPI: 1861759383
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSF MEDICAL CENTER, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

BARNES, RYAN
Provider ID: 129062
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
7910 FROST ST STE 250
SAN DIEGO, CA 92123
Phone: (858) 565-0104
Fax: (858) 565-0194
After Hours Phone: (858) 565-0104
Provider Gender: Male
NPI: 1831493501

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, PALOMAR HEALTH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 9AM-4:30PM
Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

SURGERY GENERAL

BARNES, RYAN
Provider ID: 299904
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
7910 FROST ST STE 250
SAN DIEGO, CA 92123
Phone: (858) 565-0104
Fax: (858) 565-0194
After Hours Phone: (858) 565-0104
Provider Gender: Male
NPI: 1831493501
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

HEALTHCARE CTR, PALOMAR N
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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: Rady Childrens Health Network

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):

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: 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

CTR
 Medi-Cal Open 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
 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) 567-7007
 Fax: (619) 483-3997
 After Hours Phone: (619) 567-7007
 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

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
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

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
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: UCSD Medical Group

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):

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

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

SURGERY GENERAL

HOLLANDSWORTH, HANNAH
 Provider ID: 310729
 Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider Gender: Male
NPI: 1932297231
Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

HORGAN, SANTIAGO

Provider ID: 286379
Board Certified Specialty: No
UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103
Phone: (619) 471-0700
After Hours Phone: (619)
471-0700

Provider Gender: Male
NPI: 1932297231

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

SURGERY GENERAL

IGNACIO, ROMEO

Provider ID: 217053
Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

8110 BIRMINGHAM WAY FL
2
SAN DIEGO, CA 92123
Phone: (858) 966-7711
After Hours Phone: (858)
966-7711

Provider Gender: Male
NPI: 1538147145

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: Rady Childrens Health
Network

SURGERY GENERAL

JACOBSEN, GARTH

Provider ID: 286355
Board Certified Specialty: No
UCSD MEDICAL GROUP

4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122
Phone: (800) 926-8273
Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male
NPI: 1265649966

Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY
THORNTON

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM
Website: N/A
IPA: UCSD Medical Group

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

JACOBSEN, GARTH

Provider ID: 286356

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1265649966

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

SURGERY GENERAL

MUELLER, GEORGE

Provider ID: 300091

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

7910 FROST ST STE 250
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)
565-0104

Provider Gender: Male

NPI: 1629179684

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,

Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8:30AM-5PM
F 8:30AM-4PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

SURGERY GENERAL

MUELLER, GEORGE

Provider ID: 54298

Board Certified Specialty: No

SAN DIEGO GEN AND

VASCULAR SURGEONS MED

GRP INC

7910 FROST ST STE 250
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)
565-0104

Provider Gender: Male

NPI: 1629179684

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,

Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-TH 9AM-5PM
F 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC

SURGERY GENERAL


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

 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




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Cultural Competency: 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


THORNTON, UCSD MEDICAL
CTR


Medi-Cal Open Panel: Yes

Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

American Sign Language (ASL): IPA: UCSD Medical Group

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


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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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): **PHAM, MARTIN**

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

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

American Sign Language (ASL):

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)





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.




D. دليل مقدمي الخدمات المتخصصين

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




Provider ID: 244132
 Board Certified Specialty: No
 UCSD MEDICAL GROUP
 200 W ARBOR DR
 SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273
 Provider Gender: Male
 NPI: 1164468146
 Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: UCSD LA
 JOLLA JOHN SALLY
 THORNTON, UCSD MEDICAL
 CTR
 Medi-Cal Open Panel: Yes

Min/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
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

 Website: N/A

IPA: UCSD Medical Group

SURGERY ORTHOPEDIC

BUKATA, SUSAN


Provider ID: 277948

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1932140639

 Provider English Spoken: Y

Cultural Competency: N

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

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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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):
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\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: Rady Childrens Health
Network

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

966-6789
 Provider Gender: Female
 NPI: 1659634699
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\19
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
 IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC

EDMONDS, ERIC

Provider ID: 205495
 Board Certified Specialty: No
 RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY
 SAN DIEGO, CA 92123
 Phone: (858) 966-8800
 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1013048412

Provider English Spoken: Y
 Cultural Competency: N
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: Rady Childrens Health Network

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

GOEB, YANNICK

Provider ID: 284794

Board Certified Specialty: No
 UCSD MEDICAL GROUP

200 W ARBOR DR
 SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1730542747

Provider English Spoken: Y

Provider Language(s) Spoken: German, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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 Network

Cultural Competency: N

Medi-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\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

IPA: Rady Childrens Health

SURGERY ORTHOPEDIC

KUSNEZOV, NICHOLAS

Provider ID: 303196

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

7910 FROST ST STE 340

SAN DIEGO, CA 92123

Phone: (858) 824-1703

Fax: (858) 455-6473

After Hours Phone: (858) 824-1703

Provider Gender: Male

NPI: 1396185161

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, TRI CITY MEDICAL

CTR, PARADISE VALLEY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):



N

Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





D. دليل مقدمي الخدمات المتخصصين




PROVIDER

 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP

SURGERY ORTHOPEDIC

PRUSS, ERIKA

Provider ID: 303797
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
 3030 CHILDRENS WAY FL 3
SAN DIEGO, CA 92123
 Phone: (858) 966-6789
Fax: (858) 966-6706
 After Hours Phone: (858) 966-6789
Provider Gender: Female
NPI: 1538402441
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Rady Childrens Health Network

SURGERY ORTHOPEDIC




SULLIVAN, THOMAS

Provider ID: 285247
Board Certified Specialty: No
UCSD MEDICAL GROUP
 200 W ARBOR DR
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273



Provider Gender: Male
NPI: 1437565488
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group


SURGERY ORTHOPEDIC

SULLIVAN, THOMAS

Provider ID: 304164
Board Certified Specialty: No
UCSD MEDICAL GROUP
 6655 ALVARADO RD
SAN DIEGO, CA 92120
 Phone: (800) 926-8273
Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273

Provider Gender: Male
NPI: 1437565488

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER

 Website: N/A
IPA: UCSD Medical Group


SURGERY ORTHOPEDIC

UPASANI, VIDYADHAR

Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health 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\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

SURGERY PEDIATRIC


GOSMAN, AMANDA

Provider ID: 205841

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH NETWORK

 7920 FROST ST STE 200

SAN DIEGO, CA 92123


 Phone: (858) 966-5999

Fax: (858) 966-4064

 After Hours Phone: (858) 966-5999

Provider Gender: Female

NPI: 1164436291

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

KELLER, BENJAMIN

Provider ID: 285941

Board Certified Specialty: No
RADY CHILDRENS HEALTH

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 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

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,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

 After Hours Phone: (858)
966-7711

Provider Gender: Male

NPI: 1598979593

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

THANGARAJAH, HARIHARAN

Provider ID: 206172

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

RADY CHILDRENS HEALTH NETWORK

8110 BIRMINGHAM WAY FL 2

SAN DIEGO, CA 92123

Phone: (858) 966-7711

Fax: (858) 966-7712

After Hours Phone: (858) 966-7711

Provider Gender: Male

NPI: 1598979593

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

SURGERY PEDIATRIC

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\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

SURGERY PLASTIC

HINCHCLIFF, KATHARINE

Provider ID: 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open 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: 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: 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

KOLB, FREDERIC


Provider ID: 255575

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4520 EXECUTIVE DR

SAN DIEGO, CA 92121


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790341832

 Provider English Spoken: Y

 Provider Language(s)

Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

SURGERY PLASTIC

KOLB, FREDERIC

Provider ID: 246240

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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\19
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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IPA: Rady Childrens Health
Network, UCSD Medical Group

SURGERY PLASTIC

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\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

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\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

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):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

SURGERY PLASTIC

REID, CHRISTOPHER

Provider ID: 255564

Board Certified Specialty: No
UCSD MEDICAL GROUP

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA
JOLLA JOHN SALLY

THORNTON

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


SURGERY PLASTIC

REID, CHRISTOPHER

Provider ID: 245523

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 7920 FROST ST STE 200
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-8394

 After Hours Phone: (858)
966-5999

Provider Gender: Male

NPI: 1982964276

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group

SURGERY PLASTIC


REID, CHRISTOPHER

Provider ID: 224795

Board Certified Specialty: No
UCSD MEDICAL GROUP

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982964276

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


SURGERY THORACIC


FOX, KENNETH

Provider ID: 257841

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8030

 After Hours Phone: (858)
966-8030

Provider Gender: Male

NPI: 1235153552

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


SURGERY THORACIC


GANTA, SRUJAN

Provider ID: 256383

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8030


 After Hours Phone: (858)
966-8030

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider Gender: Male

NPI: 1265071005

 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group


SURGERY THORACIC


GANTA, SRUJAN

Provider ID: 275611

Board Certified Specialty: No
UCSD MEDICAL GROUP

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8030

 After Hours Phone: (858)
966-8030

Provider Gender: Male

NPI: 1265071005


 Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Network

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group


SURGERY THORACIC


LEWIS, MICHAEL

Provider ID: 296906

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 Phone: (858) 966-8030

 Fax: (858) 966-8032

 After Hours Phone: (858)
966-8030

Provider Gender: Male

NPI: 1780847533

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

TRANSPLANT SURGERY

MEKEEL, KRISTIN

Provider ID: 262109

Board Certified Specialty: Yes
RADY CHILDRENS HEALTH
NETWORK

3020 CHILDRENS WAY STE
107

SAN DIEGO, CA 92123

Phone: (858) 966-7711

After Hours Phone: (858)
966-7711

Provider Gender: Female

NPI: 1104861947

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

TRANSPLANT SURGERY

SCHNICKEL, GABRIEL

Provider ID: 262192

Board Certified Specialty: No
RADY CHILDRENS HEALTH
NETWORK

8001 FROST ST
SAN DIEGO, CA 92123

Phone: (858) 966-8354

Fax: (858) 966-5815

After Hours Phone: (858)
966-8354

Provider Gender: Male

NPI: 1619111440

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health
Network

UROLOGY

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,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




UCSD MEDICAL CTR, 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




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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Provider Gender: Female

NPI: 1174609127

☐ Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

UROLOGY

MONGA, MANOJ

Provider ID: 311516

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 9333 GENESEE AVE STE
220

📞 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

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

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: 311487

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 9333 GENESEE AVE STE
220

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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, 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: UCSD Medical Group

UROLOGY

SWORDS, KELLY
Provider ID: 206183
Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK
📍 7920 FROST ST STE 200
SAN DIEGO, CA 92123
☎ Phone: (858) 966-7484
Fax: (858) 966-4064
📞 After Hours Phone: (858) 966-7484
Provider Gender: Female
NPI: 1316101256
🗣 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Rady Childrens Health Network

UROLOGY

UNTERBERG, STEPHEN
Provider ID: 295833
Board Certified Specialty: Yes
IHP OF SOUTHERN CAL-PHP
📍 4060 4TH AVE STE 310
SAN DIEGO, CA 92103
☎ Phone: (619) 297-4707
Fax: (858) 429-7927
📞 After Hours Phone: (619) 297-4707
Provider Gender: Male
NPI: 1215374210
🗣 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes

Min/Max Age: 16\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

UROLOGY

UNTERBERG, STEPHEN
Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

UROLOGY

UNTERBERG, STEPHEN

Provider ID: 284665

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128

Phone: (858) 485-0554
Fax: (858) 429-7933

After Hours Phone: (858)
485-0554

Provider Gender: Male

NPI: 1215374210

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, PALOMAR MEDICAL
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

UROLOGY

UNTERBERG, STEPHEN

Provider ID: 295834

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128

Phone: (858) 485-0554
Fax: (858) 429-7933

After Hours Phone: (858)
485-0554

Provider Gender: Male

NPI: 1215374210

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
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

SAN MARCOS

CARDIOVASCULAR DISEASE

BOLER, AMBER

Provider ID: 311783

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: 1720426786

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: IHP of Southern Cal-PHP

CERTIFIED NURSE

PRACTITIONER

BLAND, JACELIS

Provider ID: 296766

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767
Fax: (760) 736-6744

After Hours Phone: (760)
736-6767

Provider Gender: Female

NPI: 1801522859

Provider English Spoken: Y

Provider Language(s)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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 VALPREDA RD
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767
Fax: (760) 736-6744

🕒 After Hours Phone: (760)
736-6767

Provider Gender: Female
NPI: 1699222620

🗨 Provider English Spoken: Y
🗨 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

FODDA, RAMI

Provider ID: 296603
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

☎ Phone: (760) 736-6767
Fax: (760) 736-6744

🕒 After Hours Phone: (760)
736-6767

Provider Gender: Male
NPI: 1164660452

🗨 Provider English Spoken: Y
🗨 Provider Language(s)
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

CERTIFIED NURSE PRACTITIONER

GARCIA, REGINA

Provider ID: 297837

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: 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

CERTIFIED NURSE PRACTITIONER

HAN, ANGELA

Provider ID: 300215
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: 1629242839

🗨 Provider English Spoken: Y



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




 *Provider Language(s)*
Spoken: Korean
Cultural Competency: N
Hospital Affiliation: JOHN
MUIR MEDICAL CENTER
WALNUT CREEK CAMPUS
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 *Accessibility: CONTACT
PROVIDER*
 *Hours: M-F 8AM-5PM*
 *Website: N/A*
IPA: IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

KOHOUT, KATHRYN
Provider ID: 291105
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 150 VALPRED 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

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

CERTIFIED NURSE PRACTITIONER

PARSONS, MEKRAE
Provider ID: 303220
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 150 VALPRED 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*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 290739

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

American Sign Language (ASL): **TOLENTINO, ARTURO**

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

NGUYEN, MINH

Provider ID: 308467

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 1595 GRAND AVE STE 100
SAN MARCOS, CA 92078

☎ Phone: (760) 736-6767

🕒 After Hours Phone: (760)
736-6767

Provider Gender: Male

NPI: 1154403640

☑ Provider English Spoken: Y

☑ Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

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):

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




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: (619) 616-2104
 After Hours Phone: (760)
798-8855
Provider Gender: Female
NPI: 1811307051
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital, SHARP
CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 15\None
American Sign Language (ASL):
N
 Accessibility: CONTACT

PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

SUDHAKAR, DEEPTHI
Provider ID: 296052
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
 955 BOARDWALK STE 100
SAN MARCOS, CA 92078
 Phone: (760) 798-8855
Fax: (619) 616-2104
 After Hours Phone: (760)
798-8855
Provider Gender: Female
NPI: 1811307051
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital, SHARP
CHULA VISTA MED CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 15\99
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

INTERVENTIONAL

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

CARDIOLOGY

SUDHAKAR, DEEPTHI

Provider ID: 291607

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

150 VALPREDAR 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
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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين




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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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

HINSHAW, PAUL

Provider ID: 288907

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 120 CRAVEN RD STE 101
SAN MARCOS, CA 92078

 Phone: (760) 740-2710

Fax: (858) 207-0003

 After Hours Phone: (760)
740-2710

Provider Gender: Male

NPI: 1215170717

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER


Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

Rady Childrens Health

Network


OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON

Provider ID: 311881

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: 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: 303150

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: 1215469283

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,
Rady Childrens Health
Network


PEDIATRICS

LUM HO, RACHEL

Provider ID: 304047

Board Certified Specialty: No
RADY CHILDRENS HEALTH NETWORK

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Fax: (760) 736-6744
☎ After Hours Phone: (760) 736-6767
Provider Gender: Female
NPI: 1215469283
☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PALOMAR MEDICAL CENTER
Medi-Cal Open Panel: Yes
Min/Max Age: 0\19
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M-F 8AM-5PM SA 8AM-5PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

PEDIATRICS

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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)
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

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

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


NPI: 1073518965


 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\50

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 Website: N/A
IPA: IHP of Southern Cal-PHP


SAN YSIDRO

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL

Provider ID: 294925
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100
Fax: (619) 205-6305

 After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PARADISE VALLEY

HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


FAMILY PRACTICE


ARRIETA, NOEMI

Provider ID: 297794

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100
Fax: (619) 205-6341

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1912223496

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: IHP of Southern Cal-PHP


FAMILY PRACTICE

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


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

 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







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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







FAMILY PRACTICE

ORTEGA, LUIS

Provider ID: 295225
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 205-6305
 After Hours Phone: (619)
662-4100
Provider Gender: Male
NPI: 1558924936
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8:30AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP




FAMILY PRACTICE

QURESHI, SOFIA

Provider ID: 308756
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 205-6305
 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1902197544
 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: IHP of Southern Cal-PHP


FAMILY PRACTICE GERIATRIC MEDICINE

BULOW, KWI


Provider ID: 302346
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 205-6305
 After Hours Phone: (619)
662-4100
Provider Gender: Female
NPI: 1073608576


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 18\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


INFECTIOUS DISEASE

ALDOUS, JEANNETTE

Provider ID: 290421

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


Fax: (619) 205-6305

 After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1073650339

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, 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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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) 205-1967

After Hours Phone: (619)
662-4100

Provider Gender: Female

NPI: 1255878997

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-8PM
SA 8AM-2PM

Website: N/A

IPA: IHP of Southern Cal-PHP

OBSTETRICS / GYNECOLOGY

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

FUJII, CINDY

Provider ID: 298309

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
Fax: (619) 205-6305
📞 After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1871664821
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\18
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PEDIATRICS

RODRIGUEZ, ALDO
Provider ID: 295779
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 4050 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
Fax: (619) 205-6305
📞 After Hours Phone: (619) 662-4100
Provider Gender: Male
NPI: 1508209651
☐ Provider English Spoken: Y
☐ Provider Language(s)

Spoken: Portuguese,
Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: SU 10AM-4PM
M 8:30AM-8PM
W-F 8:30AM-5:30PM
SA 8AM-2:30PM
🌐 Website: N/A
IPA: IHP of Southern Cal-PHP

PEDIATRICS


TAYLOR, TASHA
Provider ID: 290077
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 4050 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
Fax: (619) 205-6305
📞 After Hours Phone: (619) 662-4100
Provider Gender: Female
NPI: 1528144433
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, 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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 Website: N/A
IPA: IHP of Southern Cal-PHP

**REGISTERED PHYSICAL
THERAPIST**

SHAUF, JOANN

Provider ID: 296045
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

Provider Gender: Female
NPI: 1134732522

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER


 Website: N/A
IPA: IHP of Southern Cal-PHP

RHEUMATOLOGY

LWIN, THUTHIRI

Provider ID: 307650
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100
Fax: (619) 205-6305

 After Hours Phone: (619)

662-4100


Provider Gender: Female
NPI: 1174010896

Provider English Spoken: Y
 Provider Language(s)
Spoken: Burmese

Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
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) 873-3476

 After Hours Phone: (619)
662-4100

Provider Gender: Female
NPI: 1821413907

Provider English Spoken: Y
Cultural Competency: N


Hospital Affiliation: ST JOHNS
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A
IPA: IHP of Southern Cal-PHP


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

**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

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

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,


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


D. دليل مقدمي الخدمات المتخصصين

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

DUFFIELD, GARY

Provider ID: 310925

Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 1306428131

Provider English Spoken: Y

Provider Language(s)
Spoken: Korean, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST

DUFFIELD, GARY

Provider ID: 310926

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: 1306428131

Provider English Spoken: Y

Provider Language(s)
Spoken: Korean, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST

DUFFIELD, GARY

Provider ID: 311753

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: 1306428131

Provider English Spoken: Y

Provider Language(s)
Spoken: Korean, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST

DUFFIELD, GARY

Provider ID: 311752

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1306428131

Provider English Spoken: Y

Provider Language(s)
Spoken: Korean, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

CERTIFIED ACUPUNCTURIST

SONG, CAROL

Provider ID: 290550

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1518166685

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-8PM
F 9AM-5PM

SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

APRIL, MONIQUE

Provider ID: 306977

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1093288730

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

APRIL, MONIQUE

Provider ID: 306980

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1093288730

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

APRIL, MONIQUE

Provider ID: 307939

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1093288730

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

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
IPA: BLUE SHIELD PROMISE
HEALTH PLAN DIRECT

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-5PM
TU 10:30AM-7:30PM

W-F 8AM-5PM

Website: N/A

CERTIFIED NURSE PRACTITIONER

BERNETICH, MEGHAN

Provider ID: 304506

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3702

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1629354360

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM
SA 9AM-4PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

BERNETICH, MEGHAN

Provider ID: 302526

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3702

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1629354360

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\24

American Sign Language (ASL): N

Accessibility: CONTACT
PROVIDER

Hours: M-F 9AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

🕒 Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM
SA 9AM-4PM
🌐 Website: N/A
IPA: Community Care IPA LLC

CERTIFIED NURSE PRACTITIONER

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: 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

CERTIFIED NURSE PRACTITIONER

HERNANDEZ, JESSICA
Provider ID: 302301
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
📍 105 DURIAN ST STE A
VISTA, CA 92083
📞 Phone: (760) 631-5000
Fax: (760) 414-3892
🕒 After Hours Phone: (760)

631-5000

Provider Gender: Female
NPI: 1013668680
📄 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
🕒 Hours: M-F 8AM-5PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP



CERTIFIED NURSE PRACTITIONER

HERNANDEZ, JESSICA
Provider ID: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





D. دليل مقدمي الخدمات المتخصصين

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: 302297

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP


 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000


Provider Gender: Female

NPI: 1013668680

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP


CERTIFIED NURSE PRACTITIONER

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

HUERTA, STEVEN

Provider ID: 311297

Board Certified Specialty: No
COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 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: 311299

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: 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: 298083

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD
VISTA, CA 92083

Phone: (760) 631-5000

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

Provider ID: 298085

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

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

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

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

THORNTON

Medi-Cal Open Panel: Yes

Min/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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1790978617

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 6\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TU 8AM-5PM

W 10AM-7PM

TH-F 8AM-5PM

SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

CERTIFIED NURSE PRACTITIONER

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 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 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):

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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: 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





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين


 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
 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


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

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


CHIROPRACTOR

JU, NATHANIEL

Provider ID: 290220

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR
VISTA, CA 92084


 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1972883882

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):
N

 Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.








D. دليل مقدمي الخدمات المتخصصين

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
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


GYNECOLOGIC ONCOLOGY




ESKANDER, RAMEZ

Provider ID: 282163
Board Certified Specialty: No

UCSD MEDICAL GROUP

 910 SYCAMORE AVE STE
102
VISTA, CA 92081
 Phone: (760) 536-7737
Fax: (760) 536-7959
 After Hours Phone: (760)
536-7737








Provider Gender: Male
NPI: 1144486929
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
UNIVERSITY OF CALIFORNIA
IRVINE MED CTR, EARL AND
LORRAINE MILLER
CHILDRENS HSP, LONG
BEACH MEMORIAL MED CTR,
Providence St Joseph Hospital,
Providence St Jude Medical
Center, ORANGE COAST MEM
MED CTR, 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

HOSPICE AND PALLIATIVE MEDICINE

RUBENZIK, TAMARA

Provider ID: 282128
Board Certified Specialty: No
UCSD MEDICAL GROUP
 910 SYCAMORE AVE STE
102
VISTA, CA 92081
 Phone: (619) 543-6397
Fax: (888) 539-8781
 After Hours Phone: (619)
543-6397
Provider Gender: Female
NPI: 1811200652
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F 8AM-5PM
 Website: N/A
IPA: UCSD Medical Group

INFECTIOUS DISEASE

HALPERIN, JASON

Provider ID: 296420
Board Certified Specialty: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-5PM
TU 10:30AM-7:30PM
W-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

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-TH 9AM-8PM
F 9AM-5PM
SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

INTERNAL MEDICINE

COPELAND, ARDETH

Provider ID: 310696

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

105 DURIAN ST STE A
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 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

DAO, MARC

Provider ID: 297754

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3763

After Hours Phone: (760)
631-5000

Provider Gender: Male

NPI: 1467542175

Provider English Spoken: Y

Provider Language(s)
Spoken: French,
Vietnamese

Cultural Competency: N

Hospital Affiliation: PIONEERS

MEMORIAL HOSPITAL,

PALOMAR MEDICAL CENTER,

SHARP MEMORIAL HOSPITAL,

SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, EL CENTRO

REGIONAL MEDICAL CENTER,

PALOMAR HEALTH

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM

Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

IPA: IHP of Southern Cal-PHP

INTERVENTIONAL CARDIOLOGY

PARKS, MONICA

Provider ID: 302414

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

📍 906 SYCAMORE AVE STE
104

VISTA, CA 92081

☎ Phone: (760) 630-2550

Fax: (760) 726-2305

🕒 After Hours Phone: (760)
630-2550

Provider Gender: Female

NPI: 1740634971

🗪 Provider English Spoken: Y

🗪 Provider Language(s)
Spoken: Spanish,
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, TRI

CITY MEDICAL CTR, 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

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

♿ 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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: 273114
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
📍 134 GRAPEVINE RD
VISTA, CA 92083
☎ Phone: (760) 631-5000
Fax: (760) 414-3892
☎ After Hours Phone: (760) 631-5000
Provider Gender: Female
NPI: 1336589332

☑ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
🕒 Hours: M 8AM-5PM
TU 9:30AM-5PM
W 8AM-5PM
TH 10AM-7PM
F 8AM-5PM
SA 9AM-4PM
🌐 Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

GEE, JENNIFER
Provider ID: 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: 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,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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: 290209
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760)
631-5000
Provider Gender: Female
NPI: 1336589332
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:
COMMUNITY REGIONAL
MEDICAL CENTER-FRESNO,
CALIFORNIA PACIFIC
MEDICAL CENTER - D P APH
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None

American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M 8AM-5PM
TU 9:30AM-5PM
W 8AM-5PM
TH 10AM-7PM
F 8AM-5PM
SA 9AM-4PM
Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

KIM, MICHAEL

Provider ID: 290697
Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP
134 GRAPEVINE RD
VISTA, CA 92083
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760)
631-5000
Provider Gender: Male
NPI: 1164546313
Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Yes
Min/Max Age: 0\None
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Hours: M-W 8AM-5PM
TH 10:30AM-7:30PM
F 8AM-5PM

Website: N/A
IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

OPTOMETRIST

KIM, MICHAEL

Provider ID: 290903
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: 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: 245239
Board Certified Specialty: No
COMMUNITY CARE IPA LLC
134 GRAPEVINE RD

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

VISTA, CA 92083
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Male
 NPI: 1164546313
 Provider English Spoken: Y
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-W 8AM-5PM
 TH 10:30AM-7:30PM
 F 8AM-5PM
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OPTOMETRIST

MORA, WENDY
 Provider ID: 290238
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 134 GRAPEVINE RD
 VISTA, CA 92083
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Female
 NPI: 1376958389
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish

Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OPTOMETRIST

MORA, WENDY
 Provider ID: 290236
 Board Certified Specialty: No
 IHP OF SOUTHERN CAL-PHP
 1000 VALE TERRACE DR
 VISTA, CA 92084
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
 Provider Gender: Female
 NPI: 1376958389
 Provider English Spoken: Y
 Provider Language(s)
 Spoken: Spanish
 Cultural Competency: N
 Medi-Cal Open Panel: Yes
 Min/Max Age: 0\None
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-TH 9AM-8PM
 F 9AM-5PM
 SA 9AM-4PM

Website: N/A
 IPA: Community Care IPA LLC,
 IHP of Southern Cal-PHP

OPTOMETRIST

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

TAM, EMILY
 Provider ID: 277978

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

OPTOMETRIST

TAM, EMILY

Provider ID: 290315

Board Certified Specialty: No
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1497161236

Provider English Spoken: Y

Provider Language(s)
Spoken: Chinese, Mandarin,
Yue Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N
Accessibility: CONTACT
PROVIDER

Hours: SU 9AM-4PM
M-TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM

Website: N/A

IPA: Community Care IPA LLC,
IHP of Southern Cal-PHP

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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
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

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.






D. دليل مقدمي الخدمات المتخصصين




NPI: 1932527751

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, 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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

PULMONARY DISEASES

SURI, RAJAT

Provider ID: 283349

Board Certified Specialty: No

UCSD MEDICAL GROUP

36485 INLAND VALLEY DR
WILDOMAR, CA 92595

Phone: (951) 677-1111

Fax: (951) 677-9757

After Hours Phone: (951)
677-1111

Provider Gender: Male

NPI: 1144615337

Provider English Spoken: Y
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

D. دليل مقدمي الخدمات المتخصصين

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

E. دليل المستشفيات - مستشفى الرعاية العامة الحادة

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/

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

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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

E. دليل المستشفيات - مستشفى الرعاية العامة الحادة

days/week
NPI: 1356410351

 Website: www.paradisevalleyhospital.net


American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER

RADY CHILDRENS HOSPITAL SAN DIEGO

Provider ID: 171083

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123


 Phone: (858) 576-1700

 After Hours Phone: (858) 576-1700

Accepting New Patients: No
Min/Max Age: 0\None

Site English Spoken: Y
Cultural Competency: N


Hospital Accreditation Status:
JCAHO

 Hours: 24 Hours / 7
days/week

NPI: 1710065933

 Website: www.rchsd.org

American Sign Language (ASL):
N


 Accessibility: CONTACT PROVIDER

SCRIPPS GREEN HOSPITAL

Provider ID: 171084

 10666 N TORREY PINES RD
MS 220

LA JOLLA, CA 92037


 Phone: (858) 455-9100

 After Hours Phone: (858) 455-9100

Accepting New Patients: No
Min/Max Age: 0\None


Site English Spoken: Y
Cultural Competency: N

Hospital Accreditation Status:
JCAHO

 Hours: 24 Hours / 7
days/week

License Number: 080000139

NPI: 1841233780

 Website: www.scripps.org/locations/hospitals__scripps-green-hospital


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

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

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

E. دليل المستشفيات - مستشفى الرعاية العامة الحادة

SCRIPPS MERCY HOSPITAL

Provider ID: 170048

4077 5TH AVE

SAN DIEGO, CA 92103

Phone: (619) 294-8111

After Hours Phone: (619) 294-8111

Accepting New Patients: 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

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

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/

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

E. دليل المستشفيات - مستشفى الرعاية العامة الحادة

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/

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

SHARP MARY BIRCH HOSPITAL 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

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Birthing 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/

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

TRI CITY MEDICAL CTR

Provider ID: 170049

4002 VISTA WAY
OCEANSIDE, CA 92056

Phone: (760) 724-8411

After Hours Phone: (760) 724-8411

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7 days/week

NPI: 1801861190

Website: www.tricitymed.org

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER

Provider ID: 685221

6655 ALVARADO RD
SAN DIEGO, CA 92120

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

E. دليل المستشفيات - مستشفى الرعاية العامة الحادة

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

Birth 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

Birth Friendly: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F. الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

CARLSBAD

LA COSTA HOUSE

Provider ID: 662923

6433 FLAMENCO ST
CARLSBAD, CA 92009

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)
721-1706

Accepting New Patients: No
NPI: 1962488007

Website: N/A
Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CHULA VISTA

BIRCH PATRICK CONV CTR

Provider ID: 171998

751 MEDICAL CENTER CT
CHULA VISTA, CA 91911

Phone: (619) 502-3600

Fax: (619) 502-5835

After Hours Phone: (619)
502-3600

Accepting New Patients: No
NPI: 1538142369

Website: www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm
Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

SOUTH BAY POST ACUTE CARE

Provider ID: 394308

553 F ST
CHULA VISTA, CA 91910

Phone: (619) 426-8611

Fax: (619) 240-7378

After Hours Phone: (619)
426-8611

Accepting New Patients: No
Hours: M-F 9AM-5:30PM
NPI: 1376946277

Website: <http://southbaypostacute.com>

Credentials and/or
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Filipino, Pilipino
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CORONADO

VILLA CORONADO

CONVALESCENT

Provider ID: 172644

233 PROSPECT PL

CORONADO, CA 92118

Phone: (619) 552-3900

Fax: (619) 522-3939

After Hours Phone: (619)
552-3900

Accepting New Patients: No
NPI: 1184607418

Website: www.sharp.com/hospitals/coronado/departments/long-term-care.cfm

Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

EL CAJON

AVOCADO POST ACUTE

Provider ID: 171985

510 E WASHINGTON AVE
EL CAJON, CA 92020

Phone: (619) 440-1211

Fax: (619) 956-3929

After Hours Phone: (619)
440-1211

Accepting New Patients: No
NPI: 1568484517


Website: www.avacadopostacute.com

Credentials and/or
certifications:







Site English Spoken: Y
Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





F. الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)


American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

COTTONWOOD CANYON HEALTHCARE CENTER







Provider ID: 171983
 1391 E MADISON AVE
EL CAJON, CA 92021
 Phone: (619) 444-1107
 Fax: (619) 444-1403
 After Hours Phone: (619) 444-1107
 Accepting New Patients: No
 NPI: 1013953199
 Website: <http://cottonwoodcanyonhc.com>
 Credentials and/or certifications:
 Site English Spoken: Y
 Cultural Competency: N
 American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

COUNTRY HILLS HEALTH CARE CENTER

Provider ID: 416853
 1580 BROADWAY
EL CAJON, CA 92021
 Phone: (619) 441-8745
 After Hours Phone: (619) 441-8745
 Accepting New Patients: No
 NPI: 1700973963
 Website: www.countryhills.c







om
 Credentials and/or certifications:
 Site English Spoken: Y
 Site Languages(s) Spoken: American Sign Language, Arabic, Korean, Spanish, Tagalog, Farsi, Vietnamese, Mandarin
 Cultural Competency: N
 American Sign Language (ASL):
Y
 Accessibility: CONTACT PROVIDER

COUNTRY HILLS POST ACUTE







Provider ID: 503510
 1580 BROADWAY
EL CAJON, CA 92021
 Phone: (619) 441-8745
 Fax: (619) 441-9029
 After Hours Phone: (619) 441-8745
 Accepting New Patients: No
 NPI: 1063974285
 Website: N/A
 Credentials and/or certifications:
 Site English Spoken: Y
 Cultural Competency: N
 American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC

Provider ID: 286282

 1340 E MADISON AVE
EL CAJON, CA 92021
 Phone: (619) 447-1020
 Fax: (619) 447-1024
 After Hours Phone: (619) 447-1020
 Accepting New Patients: No
 NPI: 1346516937
 Website: N/A
 Credentials and/or certifications:
 Site English Spoken: Y
 Cultural Competency: N
 American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

MAGNOLIA POST ACUTE CARE

Provider ID: 380518
 635 S MAGNOLIA AVE
EL CAJON, CA 92020
 Phone: (616) 442-8826
 Fax: (619) 442-0288
 After Hours Phone: (616) 442-8826
 Accepting New Patients: No
 NPI: 1316340227
 Website: N/A
 Credentials and/or certifications:
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish, Tagalog
 Cultural Competency: N
 American Sign Language (ASL):
N
 Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F. الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

PROVIDER

PARKSIDE HEALTH AND WELLNESS CENTER

Provider ID: 349923

444 W LEXINGTON AVE
EL CAJON, CA 92020

Phone: (619) 442-7744

After Hours Phone: (619)
442-7744

Accepting New Patients: No

NPI: 1447653340

Website: <http://parksidehealth.net>

Credentials and/or certifications:

Site English Spoken: Y

Site Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

SAN DIEGO POST ACUTE CENTER

Provider ID: 173508

1201 S ORANGE AVE
EL CAJON, CA 92020

Phone: (619) 441-1988

Fax: (619) 441-7416

After Hours Phone: (619)
441-1988

Accepting New Patients: No

NPI: 1285061085

Website: <http://sdpostacute.com>

Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

SOMERSET SUBACUTE AND CARE

Provider ID: 348526

151 CLAYDELLE AVE
EL CAJON, CA 92020

Phone: (619) 442-0245

Fax: (614) 423-3631

After Hours Phone: (619)
442-0245

Accepting New Patients: No

NPI: 1073916987

Website: <http://sometersubacute.com>

Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

VICTORIA POST ACUTE CARE

Provider ID: 387720

654 S ANZA ST
EL CAJON, CA 92020

Phone: (619) 440-5005

After Hours Phone: (619)
440-5005

Accepting New Patients: No
NPI: 1326441239

Website: <http://victoriapostacute.com>

Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

VICTORIA POST ACUTE CARE

Provider ID: 387720

654 S ANZA ST
EL CAJON, CA 92020

Phone: (619) 440-5005

After Hours Phone: (619)
440-5005

Accepting New Patients: No
NPI: 1326441239

Website: www.VICTORIAPOSTACUTE.com

Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

VILLA LAS PALMAS HEALTHCARE CTR

Provider ID: 172020

622 S ANZA ST

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

.F الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

EL CAJON, CA 92020
Phone: (619) 442-0544
After Hours Phone: (619) 442-0544

Accepting New Patients: No
NPI: 1023048295

Website: <http://villalaspalmascares.com>
Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

ENCINITAS

AVIARA HEALTHCARE CENTER

Provider ID: 171995

944 REGAL RD
ENCINITAS, CA 92024
Phone: (760) 944-0331
After Hours Phone: (760) 944-0331

Accepting New Patients: No
NPI: 1518146620

Website: <http://aviarahealthcare.com>
Credentials and/or certifications:

Site English Spoken: Y
Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

ENCINITAS NURSING AND REHAB CTR

Provider ID: 171977

900 SANTA FE DR
ENCINITAS, CA 92024
Phone: (760) 753-6423
Fax: (760) 753-4979

After Hours Phone: (760) 753-6423

Accepting New Patients: No
Hours: M-F 8AM-5PM
NPI: 1265415749

Website: www.covenantcare.com

Credentials and/or certifications:

Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

THE DORTHY AND JOSEPH GOLDBERG HEALTHCARE CENTER

Provider ID: 172000

211 SAXONY RD
ENCINITAS, CA 92024
Phone: (760) 632-0081
Fax: (760) 516-2016

After Hours Phone: (760) 632-0081

Accepting New Patients: No

Hours: M-F 7AM-4PM
NPI: 1659482032

Website: N/A
Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

ESCONDIDO

ESCONDIDO CARE CENTER

Provider ID: 172027

421 E MISSION AVE
ESCONDIDO, CA 92025
Phone: (760) 747-0430
Fax: (760) 747-0569

After Hours Phone: (760) 747-0430

Accepting New Patients: No
Hours: M-F 8AM-4:30PM
NPI: 1588660765

Website: <http://escondidopostacute.com>

Credentials and/or certifications:

Site English Spoken: Y
Site Languages(s) Spoken: Tagalog, Spanish
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F. الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

LIFE CARE CENTER OF ESCONDIDO

Provider ID: 172010

1980 FELICITA RD
ESCONDIDO, CA 92025

Phone: (760) 741-6109

After Hours Phone: (760) 741-6109

Accepting New Patients: No

NPI: 1386681286

Website: <http://lifecarecenterofescondido.com>

Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PALOMAR HEIGHTS CARE CTR

Provider ID: 170055

1260 E OHIO AVE
ESCONDIDO, CA 92027

Phone: (760) 746-1100

After Hours Phone: (760) 746-1100

Accepting New Patients: No

NPI: 1255337440

Website: <http://palomarheightsrehab.com>

Credentials and/or certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

PALOMAR VISTA HEALTHCARE CTR

Provider ID: 171988

201 N FIG ST
ESCONDIDO, CA 92025

Phone: (760) 746-0303

Fax: (760) 738-1749

After Hours Phone: (760) 746-0303

Accepting New Patients: No

NPI: 1861491490

Website: <http://palomarvista.com>

Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

VALLE VISTA POST ACUTE

Provider ID: 171968

1025 W 2ND AVE
ESCONDIDO, CA 92025

Phone: (760) 745-1842

Fax: (760) 745-4346

After Hours Phone: (760) 745-1842

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1659369262

Website: www.covenantcare.com

Credentials and/or certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

FALLBROOK

FALLBROOK SKILLED NURSING

Provider ID: 298744

325 POTTER ST
FALLBROOK, CA 92028

Phone: (760) 728-2330

Fax: (909) 863-4644

After Hours Phone: (760) 728-2330

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1265823264

Website: www.progressivecarecenters.com

Credentials and/or certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F. الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

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 JOLLA

LA JOLLA NURSING AND REHAB CTR

Provider ID: 171975

2552 TORREY PINES RD
LA JOLLA, CA 92037

Phone: (858) 453-5810

Fax: (858) 214-1212

After Hours Phone: (858)
453-5810

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1457486078

Website: www.covenantcare.com

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken: ,
Spanish

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

THE COVE AT LA JOLLA

Provider ID: 305514

7160 FAY AVE
LA JOLLA, CA 92037

Phone: (858) 459-4361

After Hours Phone: (858)
459-4361

Accepting New Patients: No

Hours: M-F 7:30AM-4PM

NPI: 1588067482

Website: <http://thecoveatljolla.com>

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

LA MESA

ARBOR HILLS NURSING CENTER

Provider ID: 172007

7800 PARKWAY DR
LA MESA, CA 91942

Phone: (619) 460-2330

After Hours Phone: (619)
460-2330

Accepting New Patients: No

NPI: 1356345706

Website: www.lifegen.net/arborhills/

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Tagalog, Spanish, Russian

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

COUNTRY MANOR LA MESA HEALTHCARE CENTER

Provider ID: 172023

5696 LAKE MURRAY BLVD
LA MESA, CA 91942

Phone: (619) 460-7871

After Hours Phone: (619)
460-7871

Accepting New Patients: No

NPI: 1457345001

Website: countrymanorlamesa.com

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

.F الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

GROSSMONT HOSPITAL DP SNF

Provider ID: 172643

5555 GROSSMONT
CENTER DR
LA MESA, CA 91942

Phone: (619) 740-4110

After Hours Phone: (619)
740-4110

Accepting New Patients: No
NPI: 1417930249

Website: www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm

Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

GROSSMONT POST ACUTE CARE

Provider ID: 310488

8787 CENTER DR
LA MESA, CA 91942

Phone: (619) 460-4444

Fax: (619) 713-5116

After Hours Phone: (619)
460-4444

Accepting New Patients: No
NPI: 1689077588

Website: <http://grossmontpostacute.com>

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

HILLDALE HABILITATION CENTER

Provider ID: 527671

7979 LA MESA BLVD
LA MESA, CA 91942

Phone: (619) 465-8010

Fax: (619) 465-8348

After Hours Phone: (619)
465-8010

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1073736427

Website: N/A

Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

LA MESA HEALTHCARE CENTER

Provider ID: 172022

3780 MASSACHUSETTS
AVE
LA MESA, CA 91941

Phone: (619) 465-1313

After Hours Phone: (619)

465-1313

Accepting New Patients: No

NPI: 1003852666

Website: <http://lamesahealthcare.com>

Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PARKWAY HILLS NURSING & REHAB

Provider ID: 417047

7760 PARKWAY DR
LA MESA, CA 91942

Phone: (619) 469-0124

Fax: (619) 828-7654

After Hours Phone: (619)
469-0124

Accepting New Patients: No

Hours: M-TH 9AM-5PM
F 5AM-5PM

NPI: 1174926448

Website: N/A

Credentials and/or
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Farsi, Spanish, Tagalog
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

LEMON GROVE

BELLA VISTA HEALTH CENTER

Provider ID: 419062

7922 PALM ST
LEMON GROVE, CA 91945

Phone: (619) 644-1000

Fax: (619) 797-2920

After Hours Phone: (619)
644-1000

Accepting New Patients: No
NPI: 1760709687

Website: www.bellavistahealth.com

Credentials and/or

certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

LEMON GROVE CARE AND REHAB CTR

Provider ID: 172013

8351 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 463-0294

Fax: (619) 461-1064

After Hours Phone: (619)
463-0294

Accepting New Patients: No
NPI: 1336134204

Website: <http://lemongrovecare.com>

Credentials and/or

certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

NATIONAL CITY

CASTLE MANOR NURSING AND REHABILITATION CTR

Provider ID: 171978

541 S V AVE
NATIONAL CITY, CA 91950

Phone: (619) 791-7900

After Hours Phone: (619)
791-7900

Accepting New Patients: No
NPI: 1497759856

Website: www.lifegen.net/castlemanor/index.html

Credentials and/or

certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FRIENDSHIP MANOR NURSING AND REHABILITATION CTR

Provider ID: 171973

902 EUCLID AVE
NATIONAL CITY, CA 91950

Phone: (619) 791-7700

Fax: (619) 791-7791

After Hours Phone: (619)
791-7700

Accepting New Patients: No
Hours: M-F 9AM-5PM

NPI: 1235133687

Website: www.lifegen.net/friendshipmanor/

Credentials and/or

certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

PARADISE VALLEY HEALTH CARE CENTER

Provider ID: 171106

2575 E 8TH ST
NATIONAL CITY, CA 91950

Phone: (619) 470-6700

After Hours Phone: (619)
470-6700

Accepting New Patients: No
NPI: 1275513293

Website: <http://pvhcc.com>

Credentials and/or

certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

WINDSOR GARDENS CONV

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

.F الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

CTR OF SAN DIEGO

Provider ID: 172011

220 E 24TH ST
NATIONAL CITY, CA 91950

Phone: (619) 474-6741

Fax: (619) 474-1925

After Hours Phone: (619)
474-6741

Accepting New Patients: No

NPI: 1730176538

Website: www.windsorcare.com

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

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

LA PALOMA HEALTHCARE CENTER

Provider ID: 172021

3232 THUNDER DR
OCEANSIDE, CA 92056

Phone: (760) 724-2193

After Hours Phone: (760)
724-2193

Accepting New Patients: No

NPI: 1265462436

Website: WWW.LAPALOM

AHEALTHCARE.COM

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Armenian, Korean,
Tagalog

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

MCNEALY HOUSE

Provider ID: 662925

4602 ALLENDE AVE
OCEANSIDE, CA 92057

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)
721-1706

Accepting New Patients: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F. الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

Fax: (760) 721-9872

☎ After Hours Phone: (760) 721-1706

Accepting New Patients: No
NPI: 1962488007

🌐 Website: N/A
Credentials and/or
certifications:

☑ Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

POWAY

BOULDER CREEK POST ACUTE

Provider ID: 276987

📍 12696 MONTE VISTA RD
POWAY, CA 92064

☎ Phone: (858) 487-6242
Fax: (858) 487-4282

☎ After Hours Phone: (858) 487-6242

Accepting New Patients: No
🕒 Hours: M-F 8AM-5PM
NPI: 1073902672

🌐 Website: [http://bouldercre
ekpa.com](http://bouldercre
ekpa.com)

Credentials and/or
certifications:

☑ Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

POWAY HEALTHCARE CENTER

Provider ID: 171989

📍 15632 POMERADO RD
POWAY, CA 92064

☎ Phone: (858) 485-5153
Fax: (858) 485-7694

☎ After Hours Phone: (858) 485-5153

Accepting New Patients: No
NPI: 1407035512

🌐 Website: [http://powaycare.
com](http://powaycare.
com)

Credentials and/or
certifications:

☑ Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

THE VILLAS AT POWAY

Provider ID: 172642

📍 15615 POMERADO RD
POWAY, CA 92064

☎ Phone: (858) 613-4545
☎ After Hours Phone: (858) 613-4545

Accepting New Patients: No
NPI: 1619947090

🌐 Website: [www.palomarheal
th.org/skilled-
nursing/villa
- pomerado](http://www.palomarheal
th.org/skilled-
nursing/villa-
pomerado)

Credentials and/or
certifications:

☑ Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

SAN DIEGO

ACCESS TO INDEPENDENCE

Provider ID: 417267

📍 8885 RIO SAN DIEGO DR
STE 131
SAN DIEGO, CA 92108

☎ Phone: (619) 293-3500
Fax: (619) 704-2054

☎ After Hours Phone: (619) 293-3500

Accepting New Patients: No

🕒 Hours: M-F 8AM-5PM
NPI: 1083039861

🌐 Website: N/A
Credentials and/or
certifications:

☑ Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

ARROYO VISTA NURSING CTR

Provider ID: 172028

📍 3022 45TH ST
SAN DIEGO, CA 92105

☎ Phone: (619) 283-5855
Fax: (619) 284-6327

☎ After Hours Phone: (619) 283-5855

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

.F الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

Accepting New Patients: No
Hours: SU-SA 9AM-5PM
NPI: 1487640066
Website: <http://arroyovistacare.com>
Credentials and/or certifications:
Site English Spoken: Y
Site Languages(s) Spoken: Mandarin, Spanish, Vietnamese, Arabic, Tagalog
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

BALBOA NURSING AND REHAB CTR

Provider ID: 416840
3520 4TH AVE
SAN DIEGO, CA 92103
Phone: (619) 291-5270
After Hours Phone: (619) 291-5270
Accepting New Patients: No
NPI: 1578521274
Website: <http://balboahc.com>
Credentials and/or certifications:
Site English Spoken: Y
Site Languages(s) Spoken: Mandarin, Spanish, Tagalog, Vietnamese
Cultural Competency: N
American Sign Language (ASL):

N
Accessibility: CONTACT PROVIDER

BRIGHTON PLACE SAN DIEGO

Provider ID: 402624
1350 EUCLID AVE
SAN DIEGO, CA 92105
Phone: (619) 263-2166
After Hours Phone: (619) 263-2166
Accepting New Patients: No
NPI: 1346258274
Website: N/A
Credentials and/or certifications:
Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR

Provider ID: 171971
11895 AVENUE OF INDUSTRY
SAN DIEGO, CA 92128
Phone: (858) 673-0101
Fax: (858) 673-8320
After Hours Phone: (858) 673-0101
Accepting New Patients: No
NPI: 1083727093
Website: <http://carmelmountain.net>
Credentials and/or

certifications:
Site English Spoken: Y
Site Languages(s) Spoken: Tagalog, Armenian, Mandarin, Spanish, Russian, Korean, Vietnamese
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

GOLDEN HILL POST ACUTE

Provider ID: 614821
1201 34TH ST
SAN DIEGO, CA 92102
Phone: (619) 232-2946
Fax: (619) 702-7358
After Hours Phone: (619) 232-2946
Accepting New Patients: No
NPI: 1598229437
Website: N/A
Credentials and/or certifications:
Site English Spoken: Y
Site Languages(s) Spoken: Spanish, Tagalog
Cultural Competency: N
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

HILLCREST HEIGHTS HEALTHCARE CENTER


Provider ID: 509489


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F. الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

 4033 6TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 297-4086
Fax: (619) 297-9238
 After Hours Phone: (619)
297-4086

Accepting New Patients: No

 Hours: M-F 8AM-5PM
NPI: 1558825067

 Website: N/A
Credentials and/or
certifications:



Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL): Accepting New Patients: No
N

 Accessibility: CONTACT
PROVIDER


JACOB HEALTH CARE CENTER LLC

Provider ID: 172617

 4075 54TH ST
SAN DIEGO, CA 92105
 Phone: (619) 582-5168
Fax: (619) 325-0194

 After Hours Phone: (619)
582-5168

Accepting New Patients: No
NPI: 1881684900

 Website: www.jacobhealthcare.com
Credentials and/or
certifications:



Site English Spoken: Y
 Site Languages(s) Spoken:
Tagalog, Spanish
Cultural Competency: N


American Sign Language (ASL): Accepting New Patients: No
N

 Accessibility: CONTACT
PROVIDER


MISSION HILLS POST ACUTE CARE

Provider ID: 339053

 3680 REYNARD WAY
SAN DIEGO, CA 92103
 Phone: (619) 297-4484
Fax: (855) 214-6992

 After Hours Phone: (619)
297-4484

Accepting New Patients: No
NPI: 1669875563

 Website: [http://missionhills
postacute.com](http://missionhillspostacute.com)
Credentials and/or
certifications:

Site English Spoken: Y
 Site Languages(s) Spoken:
Tagalog, Spanish
Cultural Competency: N


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


RADY CHILDRENS

CONVALESCENT HOSPITAL

Provider ID: 172200

 8022 BIRMINGHAM DR
SAN DIEGO, CA 92123
 Phone: (858) 966-5833
Fax: (858) 966-8558

 After Hours Phone: (858)
966-5833



 Website: www.rchsd.org
Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

REO VISTA HEALTHCARE CTR

Provider ID: 171993

 6061 BANBURY ST
SAN DIEGO, CA 92139
 Phone: (619) 475-2211
Fax: (619) 479-9126

 After Hours Phone: (619)
475-2211

Accepting New Patients: No
NPI: 1255499174

 Website: [http://reovista.co
m](http://reovista.com)

Credentials and/or
certifications:

Site English Spoken: Y
 Site Languages(s) Spoken:
Tagalog, Spanish
Cultural Competency: N

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

ST PAULS HEALTH CARE CENTER


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


.F الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

Provider ID: 288531


 235 NUTMEG ST
SAN DIEGO, CA 92103
 Phone: (619) 677-3895
 After Hours Phone: (619)
677-3895

Accepting New Patients: No
NPI: 1972619104

 Website: N/A
Credentials and/or
certifications: CMS

 Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N


 Accessibility: CONTACT
PROVIDER

THE PAVILION AT OCEAN POINT

Provider ID: 262151

 3202 DUKE ST
SAN DIEGO, CA 92110
 Phone: (619) 224-4141
 After Hours Phone: (619)
224-4141

Accepting New Patients: No
NPI: 1538174990

 Website: N/A
Credentials and/or
certifications:



 Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


THE SPRINGS AT PACIFIC REGENT

Provider ID: 172008

 3884 NOBEL DR
SAN DIEGO, CA 92122
 Phone: (858) 625-8700
Fax: (858) 625-8777

 After Hours Phone: (858)
625-8700

Accepting New Patients: No
NPI: 1003198342

 Website: N/A
Credentials and/or
certifications:



 Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

UNIVERSITY CARE CENTER

Provider ID: 172024

 5602 UNIVERSITY AVE
SAN DIEGO, CA 92105
 Phone: (619) 583-1993
Fax: (619) 501-3559

 After Hours Phone: (619)
583-1993

Accepting New Patients: No
NPI: 1871522672

 Website: <http://universitycarecenter.com>

Credentials and/or
certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken:
Tagalog, Mandarin,

Russian, Vietnamese, Farsi,
Spanish



Cultural Competency: N

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

VILLA RANCHO BERNARDO CARE CENTER

Provider ID: 172009

 15720 BERNARDO CENTER
DR
SAN DIEGO, CA 92127
 Phone: (858) 672-3900
Fax: (858) 672-9247

 After Hours Phone: (858)
672-3900

Accepting New Patients: No
NPI: 1518063437

 Website: www.villaranchobernardo.com

Credentials and/or
certifications:



 Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL

Provider ID: 172012

 1201 34TH ST
SAN DIEGO, CA 92102
 Phone: (619) 232-2946
Fax: (310) 595-3529

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

.F الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

☎ After Hours Phone: (619)
232-2946

Accepting New Patients: No
NPI: 1811963028

🌐 Website: <https://windsorgo.com>

Credentials and/or
certifications:

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

SAN MARCOS

CARLO HOUSE

Provider ID: 662931

📍 411 CARLO ST
SAN MARCOS, CA 92078

☎ Phone: (760) 721-1706

Fax: (760) 721-9872

☎ After Hours Phone: (760)
721-1706

Accepting New Patients: No
NPI: 1962488007

🌐 Website: N/A
Credentials and/or

certifications:

☐ Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

SANTEE

STANFORD COURT SKILLED NURSING AND REHAB CENTER

Provider ID: 171994

📍 8778 CUYAMACA ST
SANTEE, CA 92071

☎ Phone: (619) 449-5555

☎ After Hours Phone: (619)
449-5555

Accepting New Patients: No

🕒 Hours: SU-SA 8AM-5PM

NPI: 1184628554

🌐 Website: [www.lifegen.net/SStanfordCourt/](http://www.lifegen.net/StanfordCourt/)

Credentials and/or

certifications:

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:
Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

SPRING VALLEY

AMAYA SPRINGS HEALTH CARE CENTER

Provider ID: 420233

📍 8625 LAMAR ST
SPRING VALLEY, CA 91977

☎ Phone: (323) 326-6186

Fax: (619) 461-3575

☎ After Hours Phone: (323)
326-6186

Accepting New Patients: No
NPI: 1518974542

🌐 Website: N/A
Credentials and/or
certifications:

☐ Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

BRIGHTON PLACE SPRING VALLEY

Provider ID: 417094

📍 9009 CAMPO RD
SPRING VALLEY, CA 91977

☎ Phone: (619) 460-2711

☎ After Hours Phone: (619)
460-2711

Accepting New Patients: No
NPI: 1780682021

🌐 Website: N/A
Credentials and/or
certifications:

☐ Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC

Provider ID: 171969

📍 325 KEMPTON ST
SPRING VALLEY, CA 91977

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

.F الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

Phone: (619) 931-1151
Fax: (224) 233-1397

After Hours Phone: (619)
931-1151

Accepting New Patients: No

Hours: SU-SA 8AM-5PM
NPI: 1649375403

Website: [covivingmountmi
guel.org](http://covivingmountmi
guel.org)

Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC

Provider ID: 171969

325 KEMPTON ST
SPRING VALLEY, CA 91977

Phone: (619) 931-1151

Fax: (224) 233-1397

After Hours Phone: (619)
931-1151

Accepting New Patients: No

Hours: SU-SA 8AM-5PM
NPI: 1649375403

Website: [www.mountmiguel
lcovenantvillage.org](http://www.mountmiguel
lcovenantvillage.org)

Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

VALLEY CENTER

AMREEN HOME

Provider ID: 658588

13873 OAKWOOD GLEN PL
VALLEY CENTER, CA 92082

Phone: (760) 751-9879

Fax: (760) 749-3019

After Hours Phone: (760)
751-9879

Accepting New Patients: No

NPI: 1700160405

Website: N/A

Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

VISTA

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

.F الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

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

LA FUENTE POST ACUTE


Provider ID: 429590


 247 E BOBIER DR
VISTA, CA 92084

 Phone: (760) 945-3033

 After Hours Phone: (760)
945-3033

Accepting New Patients: No

 Hours: SU-SA 8:30AM-5PM
NPI: 1366802696

 Website: N/A
Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

LIFE CARE CENTER OF VISTA


Provider ID: 171970

 304 N MELROSE DR
VISTA, CA 92083

 Phone: (760) 724-8222
Fax: (760) 941-4870

 After Hours Phone: (760)
724-8222

Accepting New Patients: No
 Hours: SU-SA 9AM-5PM
NPI: 1811942063

 Website: www.lcca.com
Credentials and/or
certifications:

Site English Spoken: Y

Site Language(s) Spoken:
Tagalog

Cultural Competency: N


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

MARSHALL HOUSE


Provider ID: 662924

 758 S MELROSE DR
VISTA, CA 92081

 Phone: (760) 721-1706
Fax: (760) 721-9872

 After Hours Phone: (760)
721-1706

Accepting New Patients: No
NPI: 1962488007

 Website: N/A
Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N


American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

MONTGOMERY HOUSE


Provider ID: 662927

 1658 MONTGOMERY DR
VISTA, CA 92084

 Phone: (760) 721-1706
Fax: (760) 721-9872

 After Hours Phone: (760)
721-1706

Accepting New Patients: No
NPI: 1962488007

 Website: N/A
Credentials and/or
certifications:

Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F. الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصصة (SNF)

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 HEALTHCARE CENTER

Provider ID: 171990

247 E BOBIER DR
VISTA, CA 92084

Phone: (760) 945-3033

Fax: (760) 724-3169

After Hours Phone: (760)
945-3033

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1912189812

Website: <http://astorhealth.com>

Credentials and/or
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

VISTA HOUSE

Provider ID: 662916

1768 MONTE MAR RD
VISTA, CA 92084

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)
721-1706

Accepting New Patients: No

NPI: 1962488007

Website: N/A

Credentials and/or
certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

VISTA KNOLL SPECIALIZED CARE FACILITY

Provider ID: 172017

2000 WESTWOOD RD
VISTA, CA 92083

Phone: (760) 630-2273

Fax: (760) 630-0913

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

F. الرعاية طويلة الأجل (LTC) ومرافق التمريض المتخصص (SNF)

☎ *After Hours Phone: (760)
630-2273*

Accepting New Patients: No

🕒 *Hours: SU-SA 8:30AM-5PM
NPI: 1275533929*

🌐 *Website: <http://vistaknoll.com>*

*Credentials and/or
certifications:*

☑ *Site English Spoken: Y*

☑ *Site Languages(s) Spoken:
Korean, Tagalog,
Vietnamese, Spanish*

Cultural Competency: N

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT
PROVIDER*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

G. خدمات البالغين المجتمعية (CBAS) - خدمات نهائية للكبار

CHULA VISTA

OPEN ARMS ADHC

Provider ID: 417307

301 E J ST
CHULA VISTA, CA 91910

Phone: (619) 420-1404

Fax: (619) 420-1408

After Hours Phone: (619)
420-1404

Accepting New Patients: No

Hours: M-F 7AM-3PM

License Number: 060002076

NPI: 1598882169

Accessibility: CONTACT
PROVIDER

American Sign Language (ASL):
N

Language line interpreter
services: N

If Facility has completed
cultural competence training:
N

Facility has access to skilled
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: <http://openarmsadhc.com>

EL CAJON

EL CAJON ADHC

Provider ID: 637126

854 JACKMAN ST
EL CAJON, CA 92020

Phone: (619) 328-2112

Fax: (619) 328-0069

After Hours Phone: (619)
328-2112

Accepting New Patients: No

Hours: SU-SA 9AM-3PM

License Number: 550008511

NPI: 1184207631

Accessibility: CONTACT
PROVIDER

American Sign Language (ASL):
N

Language line interpreter
services: N

If Facility has completed
cultural competence training:
N

Facility has access to skilled
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: N/A

MAGNOLIA ADULT DAY

HEALTH CARE

Provider ID: 408541

490 N MAGNOLIA AVE
EL CAJON, CA 92020

Phone: (619) 444-1522

Fax: (619) 444-1516

After Hours Phone: (619)
444-1522

Accepting New Patients: No

Hours: M-F 8AM-4PM

License Number: 60000821

NPI: 1487864468

Accessibility: CONTACT
PROVIDER

American Sign Language (ASL):
Facility has access to skilled

N

Language line interpreter
services: N

If Facility has completed
cultural competence training:
N

N

Facility has access to skilled
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: <http://magnoliaadhc.com>

WESTERN ADHC

Provider ID: 417305

240 S MAGNOLIA AVE
EL CAJON, CA 92020

Phone: (619) 631-7222

Fax: (619) 631-9228

After Hours Phone: (619)
631-7222

Accepting New Patients: No

Site Languages(s) Spoken: ,
Spanish, Arabic, Tagalog,
Farsi

Hours: M-F 7AM-3:30PM
NPI: 1821125550

Accessibility: CONTACT
PROVIDER

American Sign Language (ASL):
N

Language line interpreter
services: Y

If Facility has completed
cultural competence training:
N

N

Facility has access to skilled

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

G. خدمات البالغين المجتمعية (CBAS) - خدمات نهائية للكبار

medical interpreters on site?: N

Interpreter Non-English

Languages: Y

Website: <https://westernadhc.wordpress.com/>

LA MESA

GOLDEN LIFE ADHC

Provider ID: 619502

9158 FLETCHER PKWY
LA MESA, CA 91942

Phone: (619) 357-7753

Fax: (619) 439-6038

After Hours Phone: (619)
357-7753

Accepting New Patients: No

NPI: 1093921900

Accessibility: CONTACT
PROVIDER

American Sign Language (ASL): N

N

Language line interpreter
services: N

If Facility has completed
cultural competence training:

N

Facility has access to skilled

medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: N/A

NATIONAL CITY

HORIZON CBAS

Provider ID: 642082

1035 HARBISON AVE

NATIONAL CITY, CA 91950

Phone: (619) 474-1822

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:

Facility has access to skilled

medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: N/A

POWAY

POWAY ADULT DAY HEALTH CARE CENTER

Provider ID: 404183

12250 CROSTHWAITE CIR
POWAY, CA 92064

Phone: (858) 748-5044

Fax: (858) 748-5405

After Hours Phone: (858)
748-5044

Accepting New Patients: No

License Number: 60000822

NPI: 1568659977

Accessibility: CONTACT
PROVIDER

American Sign Language (ASL):
N

Language line interpreter
services: N

If Facility has completed
cultural competence training:

N

Facility has access to skilled

medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: N/A

SAN DIEGO

CASA PACIFICA ADHCC

Provider ID: 417303

1424 30TH ST STE C
SAN DIEGO, CA 92154

Phone: (619) 424-8181

After Hours Phone: (619)
424-8181

Accepting New Patients: No

NPI: 1609920305

Accessibility: CONTACT
PROVIDER

American Sign Language (ASL):
N

Language line interpreter
services: N

If Facility has completed
cultural competence training:

N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

G. خدمات البالغين المجتمعية (CBAS) - خدمات نهائية للكبار

Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English
Languages: N
Website: www.casa-pacific.com

LOVING CARE ADHC

Provider ID: 419961
2565 CAMINO DEL RIO S STE 201
SAN DIEGO, CA 92108
Phone: (619) 718-9777
Fax: (619) 569-2855
After Hours Phone: (619) 718-9777
Accepting New Patients: No
Hours: SU-SA 8:30AM-4PM
NPI: 1346455961
Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Language line interpreter services: N
If Facility has completed cultural competence training: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English
Languages: N
Website: www.lovingcareadhc.com

SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE

Provider ID: 539018
4428 CONVOY ST STE 288
SAN DIEGO, CA 92111
Phone: (858) 244-4555
Fax: (858) 724-3302
After Hours Phone: (858) 244-4555
Accepting New Patients: No
Site Language(s) Spoken: Vietnamese, Mandarin, Spanish
Hours: M-F 8AM-5PM
License Number: 550005837
NPI: 1396201828
Accessibility: CONTACT PROVIDER
American Sign Language (ASL): N
Language line interpreter services: Y
If Facility has completed cultural competence training: N
Facility has access to skilled medical interpreters on site?: N
Interpreter Non-English
Languages: Y
Website: Sandiegofamilycircle.com

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
Website: www.americareadhc.com

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


H. خدمات الدعم المنزلي في المقاطعة (IHSS)

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ALPINE

KHALEEL, AMMAR

Provider Gender: Male
 License Number: LCS110302
 NPI: 1841744208
 Provider English Spoken: Y
 Provider Language(s) Spoken: Arabic
 Cultural Competency: N
 AMMAR KHALEEL

1620 ALPINE BLVD STE 110 ALPINE, CA 91901
 Phone: (619) 662-4100
 Fax: (619) 205-6305
 After Hours Phone: (619) 662-4100
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

TORRES, RANDALL

Provider Gender: Male
 License Number: PSY31823
 NPI: 1871696435
 Provider English Spoken: Y
 Cultural Competency: N
 RANDALL P TORRES

1620 ALPINE BLVD STE 110 ALPINE, CA 91901
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 TDD: U
 Min/Max Age: 12\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CAMPO

CASTLEBERRY, DANI

Provider Gender: Female
 License Number: LCS95022
 NPI: 1053706853
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 DANI E CASTLEBERRY
 1388 BUCKMAN SPRINGS RD CAMPO, CA 91906
 Phone: (619) 662-4100
 Fax: (619) 478-9164
 After Hours Phone: (619) 662-4100
 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 TDD: U
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM



CHULA VISTA

BAYLON, ALDO

Provider Gender: Male
 License Number: PSY29904
 NPI: 1649429150
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
 Cultural Competency: N
 ALDO BAYLON
 678 3RD AVE CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 Fax: (619) 425-1184
 After Hours Phone: (619) 662-4100
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 14\None
 Gender Restriction: No Gender



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



restriction

American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

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
 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

GALLO, LINDA

Provider Gender: Female
 License Number: PSY27375
 NPI: 1427773621
 Provider English Spoken: Y
 Cultural Competency: N

LINDA C GALLO

 780 BAY BLVD STE 200
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 Fax: (619) 240-7852
 After Hours Phone: (619)
 662-4100
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 18\None
 Gender Restriction: No Gender
 restriction
 American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

GOULD, HILARY

Provider Gender: Female
 License Number: PSY31088
 NPI: 1104297696
 Provider English Spoken: Y
 Cultural Competency: N
 HILARY GOULD

 678 3RD AVE
 CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 Fax: (619) 271-0260
 After Hours Phone: (619)
 662-4100
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


١. دليل الصحة النفسية

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

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

restriction

American Sign Language (ASL): Provider Gender: Female
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU 10AM-4PM
M-F 8:30AM-5:30PM
SA 8AM-2:30PM

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

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

TROYER, EMILY

Provider Gender: Female
License Number: A149101

NPI: 1326484437

Provider English Spoken: Y

Cultural Competency: N

EMILY A TROYER

📍 678 3RD AVE
CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100
Fax: (619) 425-1184

🕒 After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

🗣 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-8PM
SA 8AM-4PM

WIJAYARATNE, IMANIE

Provider Gender: Female

License Number: PSY25044

NPI: 1932358355

Provider English Spoken: Y

Cultural Competency: N

IMANIE S WIJAYARATNE

📍 678 3RD AVE

CHULA VISTA, CA 91910

☎ Phone: (619) 662-4100
Fax: (619) 245-1184

🕒 After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM

EL CAJON

ARAIZA, ERNESTINA

Provider Gender: Female
License Number: PSY32549

NPI: 1568608636

Provider English Spoken: Y

Cultural Competency: N

ERNESTINA ARAIZA

📍 875 EL CAJON BLVD
EL CAJON, CA 92020

☎ Phone: (619) 662-4100
Fax: (619) 785-3356

🕒 After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

CASEY, SHANNON

Provider Gender: Female

License Number: PSY31889

NPI: 1548873755

Provider English Spoken: Y

Provider Language(s) Spoken: Sign Language

Cultural Competency: N

SHANNON K CASEY

📍 215 W MADISON AVE
EL CAJON, CA 92020

☎ Phone: (760) 737-6935

Fax: (760) 741-2782

🕒 After Hours Phone: (760) 737-6935

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-7PM

CASEY, SHANNON

Provider Gender: Female

License Number: PSY31889

NPI: 1548873755

Provider English Spoken: Y

Provider Language(s) Spoken: Sign Language

Cultural Competency: N

SHANNON K CASEY

📍 215 W MADISON AVE
EL CAJON, CA 92020

☎ Phone: (760) 737-6935

Fax: (760) 741-2782

🕒 After Hours Phone: (760) 737-6935

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 9AM-7PM

CRUZ, GUADALUPE

Provider Gender: Male

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

GARNER, SARAH

Provider Gender: Female

License Number: LCS106507

NPI: 1124476809

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

SARAH J GARNER

📍 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 Languages(s) Spoken: Chinese, Mandarin, Arabic,

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Japanese, Farsi, Italian,
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

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 Languages(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 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

MAXWELL-JUNGE, MELISSA

Provider Gender: Female
License Number: LCS90791

NPI: 1275182826

Provider English Spoken: Y

Cultural Competency: N

MELISSA K MAXWELL-JUNGE

215 W MADISON AVE
EL CAJON, CA 92020

Phone: (619) 667-6125

Fax: (619) 590-9036

After Hours Phone: (619)
667-6125

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

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

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

WEAVER, AMANDA

Provider Gender: Female

License Number: MFC105361

NPI: 1174266423

Provider English Spoken: Y

Cultural Competency: N

AMANDA R WEAVER

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619) 662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

WHEELER, KIM

Provider Gender: Female

License Number: PSY34237

NPI: 1700577434

Provider English Spoken: Y

Cultural Competency: N

KIM N WHEELER

875 EL CAJON BLVD
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 785-3356

After Hours Phone: (619) 662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 11\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

ENCINITAS

GARCIA, ROSEMARIE

Provider Gender: Female

License Number: MFC123590

NPI: 1710410980

Provider English Spoken: Y

Cultural Competency: N

ROSEMARIE C GARCIA

1130 2ND ST

ENCINITAS, CA 92024

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760) 736-6767

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

LOPEZ, JOANNA

Provider Gender: Female

License Number: MFC50381

NPI: 1275664385

Provider English Spoken: Y

Cultural Competency: N

JOANNA M LOPEZ

1130 2ND ST
ENCINITAS, CA 92024

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760) 736-6767

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

ESCONDIDO

ARLINGHAUS, RENE

Provider Gender: Female

License Number: LCS80909

NPI: 1568973964

Provider English Spoken: Y

Cultural Competency: N

RENE M ARLINGHAUS

704 E GRAND AVE
ESCONDIDO, CA 92025

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619) 662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

BECERRA, GABRIEL

Provider Gender: Male

License Number: LCS114743

NPI: 1205313319

Provider English Spoken: Y

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.







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

CHRISTENSEN, PATTI




Provider Gender: Female
 License Number: LCS24129
 NPI: 1245434745
 Provider English Spoken: Y
 Cultural Competency: N
 PATTI J CHRISTENSEN
 1002 E GRAND AVE
 ESCONDIDO, CA 92025
 Phone: (760) 741-2660
 After Hours Phone: (760)
 741-2660
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 0\None
 Gender Restriction: No Gender
 restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8:30AM-5PM

FU, KATHERINE

Provider Gender: Female
 License Number: A187562
 NPI: 1356877807
 Provider English Spoken: Y

Cultural Competency: N
 KATHERINE FU
 704 E GRAND AVE
 ESCONDIDO, CA 92025
 Phone: (619) 662-4100
 Fax: (619) 662-4196
 After Hours Phone: (619)
 662-4100
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site 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

HARRIS, LAURA

Provider Gender: Female
 License Number: LCS18214
 NPI: 1255640280
 Provider English Spoken: Y
 Cultural Competency: N
 LAURA S HARRIS
 1002 E GRAND AVE
 ESCONDIDO, CA 92025
 Phone: (760) 741-2660
 Fax: (760) 741-2642
 After Hours Phone: (760)
 741-2660
 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


Accepting New Patients: Yes
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

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

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): N

 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

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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

VENNAM, VAMSIKRISHNA

Provider Gender: Male

License Number: 20A19415

NPI: 1679070569

Provider English Spoken: Y

Cultural Competency: N

VAMSIKRISHNA K VENNAM

425 N DATE ST
ESCONDIDO, CA 92025

Phone: (760) 520-8300
Fax: (858) 633-4698

After Hours Phone: (760)
520-8300

Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Accepting New Patients: Yes
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 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

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 Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 5\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

MCAULEY, ROBERT

Provider Gender: Male

License Number: G23317

NPI: 1194881888

Provider English Spoken: Y

Cultural Competency: N

ROBERT A MCAULEY

1328 S MISSION RD
FALLBROOK, CA 92028

Phone: (760) 451-4730

Fax: (760) 457-4700

After Hours Phone: (760) 451-4730

Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

LA JOLLA

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Provider Gender: Male
License Number: PSY26294
NPI: 1588739452

Provider English Spoken: Y
Cultural Competency: N
BRENT R CRANDAL

8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037

Phone: (800) 926-8372
Fax: (888) 539-8781

After Hours Phone: (800)
926-8372

Website: N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

DUARTE, KRISTEN

Provider Gender: Female
License Number: PSY31227
NPI: 1093119364

Provider English Spoken: Y
Cultural Competency: N
KRISTEN L DUARTE

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

DUARTE, KRISTEN

Provider Gender: Female
License Number: PSY31227
NPI: 1093119364

Provider English Spoken: Y
Cultural Competency: N
KRISTEN L DUARTE

8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

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

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



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



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 ELLEDGE
 8950 VILLA LA JOLLA DR STE 101
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U

Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FINN, DAPHNA

Provider Gender: Female
 License Number: A152291
 NPI: 1639522725
 Provider English Spoken: Y
 Cultural Competency: N

DAPHNA M FINN
 8950 VILLA LA JOLLA DR STE C101
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Website: N/A

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Accepting New Patients: Yes
 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
 8950 VILLA LA JOLLA DR STE C101
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

LASSWELL, EVE

Provider Gender: Female
 License Number: PSY30220
 NPI: 1013483635
 Provider English Spoken: Y
 Cultural Competency: N
 EVE N LASSWELL

8950 VILLA LA JOLLA DR STE C101
 LA JOLLA, CA 92037
 Phone: (800) 926-8273
 After Hours Phone: (800) 926-8273
 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Accepting New Patients: Yes

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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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*

 *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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ا. دليل الصحة النفسية

American Sign Language (ASL): License Number: PSY30934
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

 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

REED, KRISTIE

Provider Gender: Female

NPI: 1679869556


Provider English Spoken: Y

Cultural Competency: N

KRISTIE L REED


 8950 VILLA LA JOLLA DR
STE C212

LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8372

 Website: N/A

Accepting New Patients: Yes

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

TARLE, STEPHANIE

Provider Gender: Female
License Number: PSY32155
NPI: 1659920403

Provider English Spoken: Y
Cultural Competency: N

STEPHANIE J TARLE

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

TARVER, LESLIE

Provider Gender: Female
License Number: A169181
NPI: 1811300957

Provider English Spoken: Y
Cultural Competency: N

LESLIE B TARVER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Website: N/A
 Accepting New Patients: Yes
 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


Provider Gender: Female
 License Number: MFC135952
 NPI: 1871195107

Provider English Spoken: Y
 Cultural Competency: N

MIN H CHOI

 2743 HIGHLAND AVE
 NATIONAL CITY, CA 91950

 Phone: (844) 200-2426
 Fax: (619) 356-2726

 After Hours Phone: (844) 200-2426

 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM


CHOI, MIN

Provider Gender: Female
 License Number: MFC135952
 NPI: 1871195107

Provider English Spoken: Y
 Cultural Competency: N

MIN H CHOI

 2743 HIGHLAND AVE
 NATIONAL CITY, CA 91950

 Phone: (844) 200-2426
 Fax: (619) 356-2726

 After Hours Phone: (844) 200-2426

 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM


FLANIGAN, MARILYN


Provider Gender: Female
 License Number: MFC97326
 NPI: 1588996912

Provider English Spoken: Y
 Cultural Competency: N

MARILYN Y FLANIGAN

 2743 HIGHLAND AVE
 NATIONAL CITY, CA 91950

 Phone: (844) 200-2426
 Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426

 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM

KUGEL, SAMUEL

Provider Gender: Male
 License Number: A54412

NPI: 1497813968


Provider English Spoken: Y

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 Site Languages(s) Spoken: *M-F 8AM-5PM*
Spanish, Portuguese


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): *Provider English Spoken: Y*
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

SACHS, MELISSA

Provider Gender: Female


License Number: LCS76968

NPI: 1649760356


Provider English Spoken: Y
Cultural Competency: N


MELISSA R SACHS

 2400 E 8TH ST
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)
662-4100

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:30AM-5:30PM
SA 8AM-2:30PM

SILVEY, CHRISTOPHER

Provider Gender: Male

License Number: LCS85942


NPI: 1932793502

Provider English Spoken: Y


Cultural Competency: N

CHRISTOPHER J SILVEY

 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (619) 474-4008

 After Hours Phone: (844)
200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SIMMONS, ROBERT

Provider Gender: Male

License Number: LCS117787


NPI: 1689269631

Provider English Spoken: Y

Cultural Competency: N

ROBERT M SIMMONS

 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (619) 434-9853

 After Hours Phone: (844)
200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8AM-6PM
F 8AM-5PM

SIMMONS, ROBERT

Provider Gender: Male

License Number: LCS117787

NPI: 1689269631

Provider English Spoken: Y

Cultural Competency: N

ROBERT M SIMMONS

📍 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950

☎ Phone: (844) 200-2426

Fax: (619) 434-9853

🕒 After Hours Phone: (844)
200-2426

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH 8AM-6PM
F 8AM-5PM

OCEANSIDE

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

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

☎ 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

١. دليل الصحة النفسية





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



 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



 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: 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



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): Provider English Spoken: Y
 N
 Accessibility: CONTACT PROVIDER

CRUZ, VANESSA

Provider Gender: Female
 License Number: LCS87166
 NPI: 1285170662
 Provider English Spoken: Y
 Cultural Competency: N
 VANESSA Y CRUZ
 818 PIER VIEW WAY
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000


 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U

Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


 Hours: M-TH 9AM-7PM
 F 9AM-5PM
 SA 9AM-4PM


CRUZ, VANESSA

Provider Gender: Female
 License Number: LCS87166
 NPI: 1285170662

VANESSA Y CRUZ

 4700 N RIVER RD
 OCEANSIDE, CA 92057

 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


CRUZ, VANESSA

Provider Gender: Female
 License Number: LCS87166
 NPI: 1285170662

Provider English Spoken: Y
 Cultural Competency: N

VANESSA Y CRUZ

 818 PIER VIEW WAY
 OCEANSIDE, CA 92054

 Phone: (760) 631-5000
 Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


TDD: U

Min/Max Age: 4\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): Provider English Spoken: Y
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 9AM-7PM
F 9AM-5PM
SA 9AM-4PM

DOUGHERTY, CHRISTINE

Provider Gender: Female

License Number: LCS26686


NPI: 1003194960

Provider English Spoken: Y


Cultural Competency: N

CHRISTINE A DOUGHERTY

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): Provider English Spoken: Y
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): Provider English Spoken: Y
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM
F 8AM-5PM
SA 8AM-4PM

DOUGHERTY, CHRISTINE

Provider Gender: Female


License Number: LCS26686

NPI: 1003194960

Provider English Spoken: Y
Cultural Competency: N

CHRISTINE A DOUGHERTY

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

JENSEN, BRIAN

Provider Gender: Male


License Number: PSY26041

NPI: 1518138049

Provider English Spoken: Y
Cultural Competency: N

BRIAN M JENSEN

 619 CROUCH ST
OCEANSIDE, CA 92054

 Phone: (760) 736-6767
Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y






















TDD: U

Min/Max Age: 0\None






Gender Restriction: No Gender restriction

American Sign Language (ASL):





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


<p>N  <i>Accessibility: CONTACT PROVIDER</i></p> <p>KRAPES, MICHAEL <i>Provider Gender: Male</i> <i>License Number: PSY25077</i> <i>NPI: 1215233028</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> MICHAEL B KRAPES  2210 MESA DR STE 300 OCEANSIDE, CA 92054  <i>Phone: (760) 736-6767</i> <i>Fax: (760) 736-6744</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: N/A</i> <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Y</i> <i>TDD: U</i> <i>Min/Max Age: 0\None</i> <i>Gender Restriction: No Gender restriction</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p> <p>MONTEZ, REBECCA <i>Provider Gender: Female</i> <i>License Number: LCS26869</i> <i>NPI: 1396047809</i> <i>Provider English Spoken: Y</i> <i>Provider Language(s) Spoken: Spanish</i></p>	<p><i>Cultural Competency: N</i> REBECCA MONTEZ  2210 MESA DR STE 5 OCEANSIDE, CA 92054  <i>Phone: (760) 736-6767</i> <i>Fax: (760) 736-6744</i>  <i>After Hours Phone: (760) 736-6767</i>  <i>Website: N/A</i> <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Y</i> <i>TDD: U</i> <i>Min/Max Age: 18\None</i> <i>Gender Restriction: No Gender restriction</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p> <p>NEVILLE, MARGARET <i>Provider Gender: Female</i> <i>License Number: LCS82407</i> <i>NPI: 1073682407</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> MARGARET R NEVILLE  517 N HORNE ST OCEANSIDE, CA 92054  <i>Phone: (760) 631-5000</i> <i>Fax: (760) 414-3892</i>  <i>After Hours Phone: (760) 631-5000</i>  <i>Website: N/A</i> <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Y</i> <i>TDD: U</i></p>	<p><i>Min/Max Age: 0\None</i> <i>Gender Restriction: No Gender restriction</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p> <p>NEVILLE, MARGARET <i>Provider Gender: Female</i> <i>License Number: LCS82407</i> <i>NPI: 1073682407</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> MARGARET R NEVILLE  818 PIER VIEW WAY OCEANSIDE, CA 92054  <i>Phone: (760) 631-5000</i> <i>Fax: (760) 414-3892</i>  <i>After Hours Phone: (760) 631-5000</i>  <i>Website: N/A</i> <i>Accepting New Patients: Yes</i> <i>Site English Spoken: Y</i> <i>TDD: U</i> <i>Min/Max Age: 0\None</i> <i>Gender Restriction: No Gender restriction</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p> <p>NEVILLE, MARGARET <i>Provider Gender: Female</i> <i>License Number: LCS82407</i></p>
---	--	---

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





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







PATEL, MITESH

Provider Gender: Male
 License Number: A181164
 NPI: 1568880292
 Provider English Spoken: Y
 Cultural Competency: N
MITESH K PATEL
 517 N HORNE ST
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760)
 631-5000
 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 18\None
 Gender Restriction: No Gender
 restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M 8AM-5PM
 TU 10AM-7PM
 W-F 8AM-5PM

SA 9AM-4PM

PATEL, MITESH

Provider Gender: Male
 License Number: A181164
 NPI: 1568880292
 Provider English Spoken: Y
 Cultural Competency: N
MITESH K PATEL
 818 PIER VIEW WAY
 OCEANSIDE, CA 92054
 Phone: (760) 631-5000
 Fax: (760) 414-3892
 After Hours Phone: (760)
 631-5000
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 18\None
 Gender Restriction: No Gender
 restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M 8AM-5PM
 TU 10AM-7PM
 W-F 8AM-5PM
 SA 9AM-4PM

PATEL, MITESH

Provider Gender: Male
 License Number: A181164
 NPI: 1568880292
 Provider English Spoken: Y
 Cultural Competency: N

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

MITESH K PATEL

4700 N RIVER RD
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-5PM
TU 10AM-7PM
W-F 8AM-5PM
SA 9AM-4PM

SLOAN, CRISTINA

Provider Gender: Female

License Number: MFC137279

NPI: 1912456377

Provider English Spoken: Y

Cultural Competency: N

CRISTINA I SLOAN

517 N HORNE ST
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

SLOAN, CRISTINA

Provider Gender: Female

License Number: MFC137279

NPI: 1912456377

Provider English Spoken: Y

Cultural Competency: N

CRISTINA I SLOAN

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

517 N HORNE ST
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

SLOAN, CRISTINA








Provider Gender: Female





License Number: MFC137279




NPI: 1912456377

Provider English Spoken: Y






اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

WILSON, CARLENE

Provider Gender: Female

License Number: LCS74685

NPI: 1508327081

Provider English Spoken: Y

Cultural Competency: N

CARLENE WILSON

517 N HORNE ST

OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Website: N/A

Accepting New Patients: Yes

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

☎ 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
 ♿ 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

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
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N


♿ Accessibility: CONTACT PROVIDER






ARONLEE, TRACY
 Provider Gender: Female
 License Number: LCS83778
 NPI: 1619304748
 Provider English Spoken: Y





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Cultural Competency: N
TRACY S ARONLEE
 6973 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 Fax: (858) 633-4680
 After Hours Phone: (858)
 279-0925
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 2\None
 Gender Restriction: No Gender
 restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER







ARONLEE, TRACY
 Provider Gender: Female
 License Number: LCS83778
 NPI: 1619304748
 Provider English Spoken: Y
 Cultural Competency: N
TRACY S ARONLEE
 7011 LINDA VISTA RD
 SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 Fax: (858) 633-4680
 After Hours Phone: (858)
 810-8700
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U





Min/Max Age: 2\None
 Gender Restriction: No Gender
 restriction
 American Sign Language (ASL):
 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):
 N
 Accessibility: CONTACT
 PROVIDER

BANKS, SARAH
 Provider Gender: Female
 License Number: PSY30296
 NPI: 1164701132
 Provider English Spoken: Y
 Cultural Competency: N
SARAH J BANKS
 4510 EXECUTIVE DR STE
 325
 SAN DIEGO, CA 92121
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273
 Website: N/A
 Accepting New Patients: Yes

BANKS, SARAH
 Provider Gender: Female
 License Number: PSY30296

NPI: 1164701132
 Provider English Spoken: Y
 Cultural Competency: N
SARAH J BANKS
 200 W ARBOR DR FL 1
 SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 0\None
 Gender Restriction: No Gender
 restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

BANKS, SARAH
 Provider Gender: Female
 License Number: PSY30296
 NPI: 1164701132
 Provider English Spoken: Y
 Cultural Competency: N
SARAH J BANKS
 4510 EXECUTIVE DR STE
 325
 SAN DIEGO, CA 92121
 Phone: (800) 926-8273
 After Hours Phone: (800)
 926-8273
 Website: N/A
 Accepting New Patients: Yes

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Site English Spoken: Y


TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): HUMA BAQIR

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

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

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
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 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

BROWN, DARCIE

Provider Gender: Female
License Number: MFC119851
NPI: 1639796071
Provider English Spoken: Y
Cultural Competency: N
DARCIE D BROWN
16950 VIA TAZON
SAN DIEGO, CA 92127
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273
Website: N/A
Accepting New Patients: Yes
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
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

CABALLERO, NOE

Provider Gender: Male
License Number: A181276
NPI: 1407483480

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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) 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


 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

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

Provider Gender: Female

License Number: MFC135952



NPI: 1871195107


Provider English Spoken: Y

Cultural Competency: N

MIN H CHOI

 10737 CAMINO RUIZ STE
 235

 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

 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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U

Min/Max Age: 0\19
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

CIOBANU, COSMINA

Provider Gender: Female
 License Number: A137628
 NPI: 1285049932
 Provider English Spoken: Y
 Cultural Competency: N
 COSMINA S CIOBANU

 3020 CHILDRENS WAY
 SAN DIEGO, CA 92123

 Phone: (858) 576-1700
 Fax: (858) 966-8164


 After Hours Phone: (858) 576-1700


 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U

Min/Max Age: 0\19
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 Accessibility: CONTACT

PROVIDER
 Hours: M-F 8AM-5PM


CIOBANU, COSMINA

Provider Gender: Female
 License Number: A137628
 NPI: 1285049932
 Provider English Spoken: Y
 Cultural Competency: N
 COSMINA S CIOBANU

 8001 FROST ST
 SAN DIEGO, CA 92123

 Phone: (858) 576-1700
 Fax: (858) 966-8164

 After Hours Phone: (858) 576-1700


 Website: N/A

Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U

Min/Max Age: 0\19
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


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 Language(s) Spoken:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

DEACON, CASSIE

Provider Gender: Female
License Number: LCS94105
NPI: 1720452998
Provider English Spoken: Y
Cultural Competency: N
CASSIE C DEACON
6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 279-0925
Fax: (858) 633-4680
After Hours Phone: (858) 279-0925
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M 8:30AM-5:30PM

TU 5:30PM-8:30PM
W-F 8:30AM-5:30PM
SA 9AM-4PM

DEACON, CASSIE


Provider Gender: Female
License Number: LCS94105
NPI: 1720452998
Provider English Spoken: Y
Cultural Competency: N
CASSIE C DEACON
7011 LINDA VISTA RD
SAN DIEGO, CA 92111
Phone: (858) 810-8700
Fax: (858) 633-4680
After Hours Phone: (858) 810-8700
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
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
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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

DIOKNO, RHODA

Provider Gender: Female

License Number: PSY28073


NPI: 1629109483

Provider English Spoken: Y

Cultural Competency: N

ROHDA CARINO DIOKNO

 2630 1ST AVE
 SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619) 234-2158

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

DOLNAK, DOUGLAS

Provider Gender: Male

License Number: 20A6059


NPI: 1316147085

Provider English Spoken: Y


Cultural Competency: N

DOUGLAS R DOLNAK

 10737 CAMINO RUIZ
 SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (619) 474-4008

 After Hours Phone: (844) 200-2426

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM

DOSS, KATIE

Provider Gender: Female

License Number: LCS112693


NPI: 1134825979

Provider English Spoken: Y


Cultural Competency: N

KATIE L DOSS

 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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 *Site Languages(s) Spoken:* Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 *Accessibility:* CONTACT PROVIDER
 *Hours:* M-F 8AM-5PM

DSOUZA, NICOLE

Provider Gender: Male
License Number: LCS101958
NPI: 1225462799
Provider English Spoken: Y
Cultural Competency: N
NICOLE A DSOUZA
 330 LEWIS ST
 SAN DIEGO, CA 92103
 *Phone:* (800) 926-8273
Fax: (888) 539-8781
 *After Hours Phone:* (800) 926-8273
 *Website:* N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 *Accessibility:* CONTACT PROVIDER

DUNN-PIRIO, ANASTASIE




Provider Gender: Female
License Number: A157861
NPI: 1700177136
Provider English Spoken: Y
Cultural Competency: N
ANASTASIE M DUNN-PIRIO
 200 W ARBOR DR FL 1
 SAN DIEGO, CA 92103
 *Phone:* (619) 543-3500
Fax: (888) 539-8781
 *After Hours Phone:* (619) 543-3500
 *Website:* N/A

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
 *Accessibility:* CONTACT PROVIDER
 *Hours:* M-F 8AM-5PM






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
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

📍 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

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

- 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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ا. دليل الصحة النفسية

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

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):
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:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Accepting New Patients: Yes

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





 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
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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


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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

N
 *Accessibility: CONTACT PROVIDER*

KU, JUSTINE

Provider Gender: Female
License Number: A190175
NPI: 1205579703
Provider English Spoken: Y
Cultural Competency: N

JUSTINE KU


 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*

LIDLAW, JOHN

Provider Gender: Male
License Number: MFC44560
NPI: 1689790073
Provider English Spoken: Y
Cultural Competency: N

JOHN K LAIDLAW

 10737 CAMINO RUIZ STE 235
 SAN DIEGO, CA 92126
 *Phone: (844) 200-2426*
 *After Hours Phone: (844) 200-2426*
 *Website: N/A*

Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*

LEBENSOHN CHIALVO, FLORENCIA

Provider Gender: Female
License Number: PSY30776
NPI: 1134788730

Provider English Spoken: Y
Cultural Competency: N
 FLORENCIA LEBENSOHN CHIALVO

 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*

LEBENSOHN CHIALVO, FLORENCIA

Provider Gender: Female
License Number: PSY30776
NPI: 1134788730

Provider English Spoken: Y
Cultural Competency: N
 FLORENCIA LEBENSOHN CHIALVO


 9333 GENESEE AVE STE 200
 SAN DIEGO, CA 92121
 *Phone: (800) 926-8273*
 *After Hours Phone: (800) 926-8273*

 *Website: N/A*
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U

Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ا. دليل الصحة النفسية

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ا. دليل الصحة النفسية

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

MARTINEZ, STEPHANIE

Provider Gender: Female

License Number: A152787

NPI: 1699126367

Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Provider Language(s) Spoken: Spanish

Cultural Competency: N

STEPHANIE MARTINEZ

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

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)
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

MILLER, MIKAELA

Provider Gender: Female

License Number: A181565

NPI: 1639752355

Provider English Spoken: Y

Cultural Competency: N

MIKAELA G MILLER

4290 POLK AVE
SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)
563-0250

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

TDD: U

Min/Max Age: 14\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM
SA 8AM-2PM

MILLS, BRAD

Provider Gender: Male

License Number: LCS87409

NPI: 1598542813








Provider English Spoken: Y

Provider Language(s) Spoken:
Spanish

Cultural Competency: N


BRAD A MILLS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.






 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):
 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
 JEAN-PHILIPPE MIRON

 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
 Gender Restriction: No Gender
 restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER

MONTOYA, JESSICA
 Provider Gender: Female
 License Number: PSY31647
 NPI: 1003421256
 Provider English Spoken: Y
 Cultural Competency: N
 JESSICA L MONTOYA

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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, HOANG

Provider Gender: Male
 License Number: G83977
 NPI: 1720011620
 Provider English Spoken: Y
 Provider Language(s) Spoken: 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, 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
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 *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

 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*

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*

ORFF, HENRY

Provider Gender: Male

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

Accepting New Patients: Yes

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



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

Provider Gender: Male

License Number: A193862

NPI: 1760986715

Provider English Spoken: Y
Cultural Competency: N

KEVIN 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
restriction

American Sign Language (ASL):
N



 Accessibility: CONTACT
PROVIDER

RIVERA, KEVIN

Provider Gender: Male
License Number: A193862
NPI: 1760986715

Provider English Spoken: Y
Cultural Competency: N

KEVIN 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Accepting New Patients: Yes

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

Provider Gender: Male

License Number: A193862

NPI: 1760986715

Provider English Spoken: Y

Cultural Competency: N

KEVIN 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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 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

 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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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


SCHLOSSER, TARA

Provider Gender: Female
License Number: MFC107868
NPI: 1407220437
Provider English Spoken: Y
Cultural Competency: N

TARA S SCHLOSSER

 330 LEWIS ST
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
 After Hours Phone: (800)

926-8273

 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction



American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

 Phone: (858) 810-8700
 Fax: (858) 633-4680
 After Hours Phone: (858) 810-8700
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F 8AM-5PM

SHU, I WEI

Provider Gender: Male
 License Number: A103813
 NPI: 1992840144
 Provider English Spoken: Y
 Cultural Competency: N
 I WEI SHU
 200 W ARBOR DR
 SAN DIEGO, CA 92103
 Phone: (858) 534-6200
 Fax: (858) 534-6205
 After Hours Phone: (800) 926-8273
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 TDD: U
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N
 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






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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Accepting New Patients: Yes

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

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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

TROYER, EMILY

Provider Gender: Female
License Number: A149101
NPI: 1326484437
Provider English Spoken: Y
Cultural Competency: N

EMILY A TROYER

4290 POLK AVE
SAN DIEGO, CA 92105
Phone: (619) 563-0250
Fax: (858) 633-4681
After Hours Phone: (619) 563-0250
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-5PM SA 8AM-2PM

TROYER, EMILY

Provider Gender: Female
License Number: A149101
NPI: 1326484437
Provider English Spoken: Y
Cultural Competency: N
EMILY A TROYER

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619) 280-2058

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM SA 8AM-2PM

TWAMLEY, ELIZABETH

Provider Gender: Female
License Number: PSY19150
NPI: 1700089141
Provider English Spoken: Y
Cultural Competency: N
ELIZABETH W TWAMLEY

1501 IMPERIAL AVE

SAN DIEGO, CA 92101

Phone: (619) 233-8500

Fax: (619) 687-1067

After Hours Phone: (619) 233-8500

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-W 8:30AM-5PM TH 8:30AM-9PM F 8:30AM-5PM

WEISSMAN, CORY

Provider Gender: Male
License Number: A174625
NPI: 1528720661
Provider English Spoken: Y
Cultural Competency: N
CORY R WEISSMAN

16918 DOVE CANYON RD STE 100

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

١. دليل الصحة النفسية

PROVIDER
⌚ Hours: M-F 8AM-5PM

WU, MICHELLE

Provider Gender: Female
License Number: A125139
NPI: 1043650088
Provider English Spoken: Y
Cultural Competency: N
MICHELLE L WU
📍 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
☎ Phone: (858) 966-8145
☎ Fax: (858) 966-8164
⌚ After Hours Phone: (858)
966-8145
🌐 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\19
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
⌚ Hours: M-F 8AM-5PM

YAGUDAYEVA, RAISA

Provider Gender: Female
License Number: 20A14848
NPI: 1942555990
Provider English Spoken: Y
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 Languages(s) Spoken:
Spanish
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
⌚ Hours: M-F
8:30AM-5:30PM


ZAYAS, MARIO

Provider Gender: Male
License Number: MFC111273
NPI: 1275943557
Provider English Spoken: Y
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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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 Languages(s) Spoken:
Spanish

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F 8AM-5PM

ZIMMERMAN, JENNIFER

Provider Gender: Female

License Number: LCS28729


NPI: 1811449077

Provider English Spoken: Y

Cultural Competency: N


JENNIFER A ZIMMERMAN

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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

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 Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 15\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Gender Restriction: No Gender restriction

American Sign Language (ASL): Provider Gender: Female
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 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

REEG, JESSICA

Provider Gender: Female
License Number: MFC124306
NPI: 1144382987
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N

JESSICA REEG

150 VALPRED RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767
Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Hours: M-F 8AM-8PM
SA 8AM-5PM

RIVADENEYRA, KELLY

Provider Gender: Female
License Number: LCS122911
NPI: 1790242469
Provider English Spoken: Y
Cultural Competency: N

KELLY RIVADENEYRA

150 VALPRED 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
NPI: 1831361278
Provider English Spoken: Y
Provider Language(s) Spoken: Cantonese
Cultural Competency: N

GARRICK G TONG


150 VALPRED RD
SAN MARCOS, CA 92069
Phone: (760) 736-6767
Fax: (760) 736-6744
After Hours Phone: (760) 736-6767

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



 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) 600-4870
 After Hours Phone: (619)
 662-4100
 Website: N/A
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken:
 Spanish
 TDD: U
 Min/Max Age: 0\None
 Gender Restriction: No Gender
 restriction

American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Hours: M-F 8AM-5PM

CRAWFORD-DAY, ANN
 Provider Gender: Female
 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):
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

AMANDA L DEPAOLO

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

FONTANA, LOUIS

Provider Gender: Male

License Number: G49072

NPI: 1780734343

Provider English Spoken: Y

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

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

JAMES, CHRISTINE

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

أ. دليل الصحة النفسية

License Number: 20A13931

NPI: 1679834022

Provider English Spoken: Y

Cultural Competency: N

CHRISTINE E JAMES

1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 785-3384

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

JENNINGS, AMY

Provider Gender: Female

License Number: LCS100075

NPI: 1609549161

Provider English Spoken: Y

Cultural Competency: N

AMY E JENNINGS

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site 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

JIMENEZ, NANCY

Provider Gender: Female

License Number: MFC141209

NPI: 1568023596

Provider English Spoken: Y

Cultural Competency: N

NANCY JIMENEZ

1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 785-3384

After Hours Phone: (619)
662-4100

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8AM-5PM

LOPEZ, MARIBEL

Provider Gender: Female

License Number: LCS86171

NPI: 1669180600

Provider English Spoken: Y

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

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: 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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM
SA 9AM-4PM


BELL, JENNIFER

Provider Gender: Female
License Number: 20A20702
NPI: 1154614956

Provider English Spoken: Y
Cultural Competency: N

JENNIFER L BELL


 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


 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

CRUZ, VANESSA





Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
Provider English Spoken: Y
Cultural Competency: N
VANESSA Y CRUZ




اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ا. دليل الصحة النفسية


 134 GRAPEVINE RD
VISTA, CA 92083
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TH 9AM-7PM
F 9AM-5PM
SA 9AM-4PM



CRUZ, VANESSA

Provider Gender: Female
License Number: LCS87166
NPI: 1285170662
Provider English Spoken: Y
Cultural Competency: N
VANESSA Y CRUZ
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000
 Website: N/A
Accepting New Patients: Yes
Site English Spoken: Y



 Site Languages(s) Spoken:
Vietnamese, Chinese,
Estonian, Farsi, French,
Hindi, Korean, Marathi,
Spanish, Tagalog, Telugu
TDD: U
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-TU 8AM-8PM
W 9AM-7PM
TH 8AM-8PM
F 8AM-5PM
SA 9AM-4PM

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

PROVIDER

NEVILLE, MARGARET

Provider Gender: Female
License Number: LCS82407
NPI: 1073682407

Provider English Spoken: Y
Cultural Competency: N

MARGARET R NEVILLE

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

NEVILLE, MARGARET

Provider Gender: Female
License Number: LCS82407
NPI: 1073682407

Provider English Spoken: Y
Cultural Competency: N

MARGARET R NEVILLE

134 GRAPEVINE RD
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site 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

PATEL, MITESH

Provider Gender: Male
License Number: A181164
NPI: 1568880292

Provider English Spoken: Y
Cultural Competency: N

MITESH K PATEL

134 GRAPEVINE RD
VISTA, CA 92083

Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M 8AM-5PM
TU 10AM-7PM
W-F 8AM-5PM
SA 9AM-4PM

PATEL, MITESH

Provider Gender: Male
License Number: A181164
NPI: 1568880292

Provider English Spoken: Y
Cultural Competency: N

MITESH K PATEL

1000 VALE TERRACE DR
VISTA, CA 92084

Phone: (760) 631-5000
Fax: (760) 414-3892

After Hours Phone: (760)
631-5000

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

⌚ 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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

١. دليل الصحة النفسية

American Sign Language (ASL): Provider Language(s) Spoken:
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

📞 After Hours Phone: (760)
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

SMITH, SONYA

Provider Gender: Female

License Number: LCS82598

NPI: 1902070857

Provider English Spoken: Y

Spanish

Cultural Competency: N

SONYA L SMITH

📍 134 GRAPEVINE RD
VISTA, CA 92083

☎ Phone: (760) 631-5000

📞 Fax: (760) 414-3892

📞 After Hours Phone: (760)
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

WILSON, CARLENE

Provider Gender: Female

License Number: LCS74685

NPI: 1508327081

Provider English Spoken: Y

Cultural Competency: N

CARLENE WILSON

📍 134 GRAPEVINE RD
VISTA, CA 92083

☎ Phone: (760) 631-5000

📞 Fax: (760) 414-3892

📞 After Hours Phone: (760)
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

WILSON, CARLENE

Provider Gender: Female

License Number: LCS74685

NPI: 1508327081

Provider English Spoken: Y

Cultural Competency: N

CARLENE WILSON

📍 1000 VALE TERRACE DR
VISTA, CA 92084

☎ Phone: (760) 631-5000

📞 Fax: (760) 414-3892

📞 After Hours Phone: (760)
631-5000

🌐 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8AM-5PM
SA 9AM-4PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

TU 10AM-6PM

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

☎ After Hours Phone: (760) 606-2020

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: TU 9AM-5PM
W 10AM-6PM
TH 9AM-5PM
F 8AM-4PM
SA 9AM-3PM

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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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):
N

♿ 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







اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

 557 H ST
 CHULA VISTA, CA 91910
 Phone: (619) 422-0139
 Fax: (619) 422-0066
 After Hours Phone: (619)
 422-0139
 Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken:
 Spanish, Vietnamese
 Min/Max Age: 0\None
 Gender Restriction: No Gender
 restriction
 American Sign Language (ASL):
 N
 Accessibility: CONTACT
 PROVIDER
 Public transportation (within
 1/2 mile from Site): 1T
 Hours: M 9AM-5PM
 TU 9AM-6PM
 W 9AM-5PM
 TH 9AM-6PM
 F 8AM-4PM
 SA 9AM-2PM






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 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

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 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
 إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على
 blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<p>  <i>Site Languages(s) Spoken:</i> French, Spanish, Tagalog <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1T  <i>Hours:</i> M 8AM-5PM TU 7AM-5PM W-F 8AM-5PM </p>	<p> <i>restriction</i> <i>American Sign Language (ASL):</i> 1/2 mile from Site): 1U N  <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1T  <i>Hours:</i> M 8AM-5PM TU 7AM-5PM W-F 8AM-5PM </p>	<p> <i>Public transportation (within 1/2 mile from Site):</i> 1U  <i>Hours:</i> SU 10AM-4PM M-F 9AM-7PM SA 9AM-5PM </p>
<p> SCOVILL, ALEXANDRA, OD <i>Provider Gender:</i> Female <i>License Number:</i> 33711 <i>NPI:</i> 1184146094 <i>Provider English Spoken:</i> Y <i>Provider Language(s) Spoken:</i> Spanish <i>Cultural Competency:</i> Y CASTILLEJOS EYE INSTITUTE MED GROUP  342 F ST CHULA VISTA, CA 91910  <i>Phone:</i> (619) 422-1471 <i>Fax:</i> (619) 271-7044  <i>After Hours Phone:</i> (619) 422-1471 <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Y  <i>Site Languages(s) Spoken:</i> French, Spanish, Tagalog <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender </p>	<p> SOLIS, KEVIN, OD <i>Provider Gender:</i> Male <i>License Number:</i> 10420 <i>NPI:</i> 1538362116 <i>Provider English Spoken:</i> Y <i>Cultural Competency:</i> Y OTAY RANCH EYEWORKS OPTOMETRY  1741 EASTLAKE PKWY STE 101 CHULA VISTA, CA 91915  <i>Phone:</i> (619) 421-6600 <i>Fax:</i> (619) 421-6006  <i>After Hours Phone:</i> (619) 421-6600 <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Y  <i>Site Languages(s) Spoken:</i> Hindi, Spanish <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER </p>	<p> TOUBIA, ELIAS, OD <i>Provider Gender:</i> Male <i>License Number:</i> 33758 <i>NPI:</i> 1740701481 <i>Provider English Spoken:</i> Y <i>Provider Language(s) Spoken:</i> Arabic <i>Cultural Competency:</i> Y OTAY RANCH EYEWORKS OPTOMETRY  1741 EASTLAKE PKWY STE 101 CHULA VISTA, CA 91915  <i>Phone:</i> (619) 421-6600 <i>Fax:</i> (619) 421-6006  <i>After Hours Phone:</i> (619) 421-6600 <i>Accepting New Patients:</i> Yes  <i>Site English Spoken:</i> Y  <i>Site Languages(s) Spoken:</i> Hindi, Spanish <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1U  <i>Hours:</i> SU 10AM-4PM </p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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): W-TH 9AM-4:30PM

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

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:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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 Languages(s) Spoken: Italian, Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender

restriction
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M 9AM-5PM
TU 10AM-5PM
W-TH 9AM-5PM
F 8AM-2PM

DEAN, MOENA, OD

Provider Gender: Female
License Number: 33955
NPI: 1265927578
Provider English Spoken: Y
Cultural Competency: Y
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP
300 S PIERCE ST STE 200
EL CAJON, CA 92020
Phone: (619) 440-5400
Fax: (619) 440-0239
After Hours Phone: (619) 440-5400
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

🕒 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

🕒 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Gender Restriction: No Gender restriction

American Sign Language (ASL): License Number: 10651

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

TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200 EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

📞 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

📺 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

TONNU, ANH, OD

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<p> Site English Spoken: Y Min/Max Age: 0\None Gender 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</p>	<p> 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 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</p>	<p>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 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</p>
<p>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</p>	<p>WERNER, REX, OD Provider Gender: Male</p>	<p>ZAIDI, NOORINA, OD Provider Gender: Female License Number: 35615 NPI: 1023477262 Provider English Spoken: Y Cultural Competency: Y</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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


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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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): Provider Gender: Female

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

☎ 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Public transportation (within 1/2 mile from Site): IT

🕒 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): IT

🕒 Hours: M-F
8:30AM-4:30PM

BERGMARK, JAMIE, OD

Provider Gender: Female

License Number: 33657

NPI: 1669920757

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 2125 CITRACADO PKWY
STE 200
ESCONDIDO, CA 92029

☎ Phone: (760) 755-7600

Fax: (760) 755-7699

📞 After Hours Phone: (760)
755-7600

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max 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
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): IT

🕒 Hours: M-F
8:30AM-4:30PM

BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY
STE 200

ESCONDIDO, CA 92026

☎ Phone: (760) 743-5872

Fax: (760) 743-5879

📞 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار


Gender Restriction: No Gender restriction
Public transportation (within 1/2 mile from Site): 1T

American Sign Language (ASL):  Hours: M-F 8:30AM-4:30PM

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TH 9AM-5:30PM F 9AM-1PM

LEE, JASON, OD

Provider Gender: Male

License Number: 14881

NPI: 1679985584

Provider English Spoken: Y

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): 1T

 Hours: M-F 8AM-5PM

MCGRAW, JOSEPH, MD

Provider Gender: Male

License Number: A155228

NPI: 1588624852


Provider English Spoken: Y

Cultural Competency: Y


ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Language(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

MOLL, ANGELA, MD

Provider Gender: Female

License Number: A105472

NPI: 1861648602

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

☎ 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
N 1/2 mile from Site): 1T

♿ 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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, 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

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

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:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Spanish
Min/Max Age: 0\None
Gender 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

 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

Public transportation (within

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

American Sign Language (ASL): **CONNOR, JEFFREY, OD**
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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<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 W 9AM-6PM F 1PM-5PM</p>	<p>W 9AM-6PM F 1PM-5PM</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>GEORGE, BRUCE, OD</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>BRUCE D GEORGE OD</p> <p> 1102 S MAIN AVE 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>KHINDA, SUNEHA, OD</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>INLAND EYE SPECIALISTS</p> <p> 521 E ELDER ST STE 102 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>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>GEORGE, KENDALL, OD</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 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> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p> Hours: M 1PM-5PM</p>	<p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p> Hours: M 1PM-5PM</p>	<p>NOORI, SARA, OD</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>	

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

 *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:*

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

☎ 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:

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

🕒 Hours: M-F 8AM-4:30PM

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

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):

♿ 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

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):

♿ 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):

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-4:30PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

🕒 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

UCSD SHILEY EYE CENTER

📍 9415 CAMPUS POINT DR
LA JOLLA, CA 92093

☎ Phone: (858) 534-6290
Fax: (858) 732-0921

🕒 After Hours Phone: (858)
534-6290

Accepting New Patients: Yes

🗨 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM
SA 8AM-2PM

MOOR, TRACY, OD

Provider Gender: Female
License Number: 35085
NPI: 1184283277

Provider English Spoken: Y
Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR
STE 1B
LA JOLLA, CA 92037

☎ Phone: (858) 534-6290
Fax: (858) 732-0921

🕒 After Hours Phone: (858)
534-6290

Accepting New Patients: Yes

🗨 Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-4:30PM

MORRISON REYES, JOSHUA, MD

Provider Gender: Male
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):

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M-F 8AM-4:30PM</p>	<p>PRATT, STEVEN, MD</p> <p>Provider Gender: Male</p> <p>License Number: G32379</p> <p>NPI: 1407963044</p> <p>Provider English Spoken: Y</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 9850 GENESEE AVE STE 310</p> <p>LA JOLLA, CA 92037</p> <p> Phone: (858) 457-3010</p> <p>Fax: (858) 457-0028</p> <p> After Hours Phone: (858) 457-3010</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p> Site Languages(s) Spoken: Spanish, Tagalog</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p>	<p>Provider Language(s) Spoken: Vietnamese</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 9850 GENESEE AVE STE 310</p> <p>LA JOLLA, CA 92037</p> <p> Phone: (858) 457-3010</p> <p>Fax: (858) 457-0028</p> <p> After Hours Phone: (858) 457-3010</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p> Site Languages(s) Spoken: Spanish, Tagalog</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p>
<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M-F 8AM-4:30PM</p>	<p>TO, BRITTANY, OD</p> <p>Provider Gender: Female</p> <p>License Number: 10651</p> <p>NPI: 1306997143</p> <p>Provider English Spoken: Y</p>	<p>TON-NU, MY LINH, OD</p> <p>Provider Gender: Female</p> <p>License Number: 34990</p> <p>NPI: 1245733476</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 9850 GENESEE AVE STE 310</p> <p>LA JOLLA, CA 92037</p> <p> Phone: (858) 457-3010</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

 **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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار




Site English 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

🕒 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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

American Sign Language (ASL):  Hours: M-F 8AM-5PM
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F
8:30AM-4:30PM

DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955


NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

DEAN, MOENA, OD

Provider Gender: Female


License Number: 33955


NPI: 1265927578

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

DYER, SHARON, OD

Provider Gender: Female


License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

DYER, SHARON, OD

Provider Gender: Female

License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

465-2020 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1U  Hours: M-F 8AM-5PM	Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1U  Hours: M-F 8AM-5PM	PROVIDER 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 <input type="checkbox"/> Site English Spoken: Y Min/Max Age: 0\None 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
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 <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish	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 <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N  Accessibility: CONTACT	HAN, SULKI, OD Provider Gender: Female License Number: 34171 NPI: 1750802195

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

HIXSON, THOMAS, OD

Provider Gender: Male

License Number: 7490

NPI: 1528072683

Provider English Spoken: Y

Cultural Competency: Y

LA MESA VISION CARE

8007 LA MESA BLVD

LA MESA, CA 91942

Phone: (619) 466-5665

Fax: (619) 466-5688

After Hours Phone: (619)
 466-5665

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
 restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
 PROVIDER

Public transportation (within
 1/2 mile from Site): 1U

Hours: M 8AM-4PM

TU 9AM-6PM

W 8AM-4PM

TH 9AM-6PM

F 9AM-5PM

SA 8AM-1PM

HSU, CHRISTOPHER, MD

Provider Gender: Male

License Number: A65973

NPI: 1336167618

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE

J

LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)
 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
 restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
 PROVIDER

Public transportation (within
 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<p> <input type="checkbox"/> Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1T <input type="clock"/> Hours: M-F 8AM-5PM </p>	<p> American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1U <input type="clock"/> Hours: M-F 8AM-5PM </p>	<p> 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 <input type="map"/> 7339 EL CAJON BLVD STE J LA MESA, CA 91942 <input type="phone"/> Phone: (619) 722-8460 Fax: (619) 722-8465 <input type="clock"/> After Hours Phone: (619) 722-8460 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N </p>
<p> 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 <input type="map"/> 5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942 <input type="phone"/> Phone: (619) 465-2020 Fax: (619) 698-1189 <input type="clock"/> After Hours Phone: (619) 465-2020 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender restriction </p>	<p> KATZMAN, LEE, MD Provider Gender: Male License Number: A135673 NPI: 1912297284 Provider English Spoken: Y Cultural Competency: Y ALVARADO EYE ASSOCIATES MED CLINIC INC <input type="map"/> 7877 PARKWAY DR STE 100 LA MESA, CA 91942 <input type="phone"/> Phone: (619) 460-3711 Fax: (619) 460-2184 <input type="clock"/> After Hours Phone: (619) 460-3711 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1U <input type="clock"/> Hours: M-F 8:30AM-4:30PM </p>	<p> <input type="phone"/> Phone: (619) 722-8460 Fax: (619) 722-8465 <input type="clock"/> After Hours Phone: (619) 722-8460 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N <input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1T <input type="clock"/> Hours: M-F 8AM-5PM </p> <p> KHALIL, VADY, OD Provider Gender: Male License Number: 35137 NPI: 1275263584 Provider English Spoken: Y Provider Language(s) Spoken: </p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Site English 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: Spanish

Min/Max Age: 0\None
 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
 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

MCGRAW, JOSEPH, MD

Provider Gender: Male
 License Number: A155228
 NPI: 1588624852
 Provider English Spoken: Y
 Cultural Competency: Y
 ACUITY EYE GROUP

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<p>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</p>	<p>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</p>	<p>Spanish Min/Max Age: 0\None 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</p>
<p>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</p>	<p>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</p>	<p>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</p>
<p>7339 EL CAJON BLVD STE J LA MESA, CA 91942 Phone: (619) 722-8460 Fax: (619) 722-8465 After Hours Phone: (619)</p>	<p>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:</p>	<p>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):</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p> Hours: M-F 8AM-5PM</p>	<p>OU, JOCELYN, OD</p> <p>Provider Gender: Female</p> <p>License Number: 34063</p> <p>NPI: 1225518996</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p>	<p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 7339 EL CAJON BLVD STE J</p> <p>LA MESA, CA 91942</p> <p> Phone: (619) 722-8460</p> <p>Fax: (619) 722-8465</p>
<p>NGUYEN, THY, OD</p> <p>Provider Gender: Female</p> <p>License Number: 12746</p> <p>NPI: 1750490413</p> <p>Provider English Spoken: Y</p> <p>Provider Language(s) Spoken: Spanish, Vietnamese</p> <p>Cultural Competency: Y</p>	<p>ALVARADO EYE ASSOCIATES MED CLINIC INC</p> <p> 7877 PARKWAY DR STE 100</p> <p>LA MESA, CA 91942</p> <p> Phone: (619) 460-3711</p> <p>Fax: (619) 460-2184</p> <p> After Hours Phone: (619) 460-3711</p> <p>Accepting New Patients: Yes</p>	<p> After Hours Phone: (619) 722-8460</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p> Site Language(s) Spoken: Spanish</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL):</p>
<p>ACUITY EYE GROUP</p> <p> 7339 EL CAJON BLVD STE J</p> <p>LA MESA, CA 91942</p> <p> Phone: (619) 722-8460</p> <p>Fax: (619) 722-8465</p> <p> After Hours Phone: (619) 722-8460</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p> Site Language(s) Spoken: Spanish</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p>	<p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL):</p> <p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M-F 8:30AM-4:30PM</p>	<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p> Hours: M-F 8AM-5PM</p>
<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p> Hours: M-F 8AM-5PM</p>	<p>PANDYA, BHUMIKA, OD</p> <p>Provider Gender: Female</p> <p>License Number: 35025</p> <p>NPI: 1063182822</p> <p>Provider English Spoken: Y</p> <p>Provider Language(s) Spoken: Hindi</p>	<p>PATEL, GITANE, MD</p> <p>Provider Gender: Male</p> <p>License Number: A108603</p> <p>NPI: 1710171434</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 7339 EL CAJON BLVD STE J</p> <p>LA MESA, CA 91942</p> <p> Phone: (619) 722-8460</p> <p>Fax: (619) 722-8465</p> <p> After Hours Phone: (619)</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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): Hours: M-F 8AM-5PM
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

American Sign Language (ASL):  Hours: M-F 8AM-5PM

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): 1/2 mile from Site): 1U

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

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 Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within

 Hours: M-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 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

☎ 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

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

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

☑ Site English Spoken: Y

☑ Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

TRAN, HENRY, OD

Provider Gender: Male

License Number: 15159

NPI: 1467846709

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

☑ Site English 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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 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

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 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

VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site 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

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 Language(s) Spoken: Spanish



Min/Max Age: 0\None

Gender Restriction: No Gender restriction

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

American Sign Language (ASL):  | Hours: M-F 8AM-5PM
N

 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
 | Hours: M-F 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

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  | Hours: M-F 8AM-5PM
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

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

Public transportation (within 1/2 mile from Site): 1T

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

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551

LA MESA, CA 91942

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

☎ Phone: (619) 465-2020
Fax: (619) 698-1189
🕒 After Hours Phone: (619) 465-2020
Accepting New Patients: Yes
📄 Site English Spoken: Y
📄 Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction

American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
🕒 Hours: M-F 8AM-5PM

ZAIDI, NOORINA, OD

Provider Gender: Female
License Number: 35615
NPI: 1023477262
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J
LA MESA, CA 91942

☎ Phone: (619) 722-8460
Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

📄 Site English Spoken: Y
📄 Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

ZVANUT, DONALD, OD

Provider Gender: Male
License Number: 8642
NPI: 1336211804
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J
LA MESA, CA 91942

☎ Phone: (619) 722-8460
Fax: (619) 722-8465

🕒 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

📄 Site English Spoken: Y
📄 Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-5PM

ZVANUT, DONALD, OD

Provider Gender: Male
License Number: 8642
NPI: 1336211804

Provider English Spoken: Y
Cultural Competency: Y
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT CENTER DR # 551
LA MESA, CA 91942

☎ Phone: (619) 465-2020
Fax: (619) 698-1189

🕒 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

📄 Site English Spoken: Y
📄 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM

LAKESIDE

FLEMING, JOHN, OD

Provider Gender: Male
License Number: 8461
NPI: 1033192133

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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): **JOHNSON, CHRISTOPHER, OD**

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM
F 9AM-4PM

HOANG, KENNY, OD

Provider Gender: Male

License Number: 35207

NPI: 1740868603

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

9710 WINTER GARDENS
BLVD STE A

LAKESIDE, CA 92040

Phone: (619) 443-1075

Fax: (619) 443-9382

After Hours Phone: (619)

443-1075

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM
F 9AM-4PM

JOHNSON, CHRISTOPHER, OD

Provider Gender: Male

License Number: 15100

NPI: 1568861425

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

9710 WINTER GARDENS
BLVD STE A

LAKESIDE, CA 92040

Phone: (619) 443-1075

Fax: (619) 443-9382

After Hours Phone: (619)
443-1075

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM
F 9AM-4PM

NATIONAL CITY

AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

BAUMANN, DANIELA, OD

Provider Gender: Female
License Number: 34530
NPI: 1982232146
Provider English Spoken: Y
Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233
After Hours Phone: (619)
472-1010

Accepting New Patients: Yes

Site English Spoken: Y
Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

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

BINDER, NICHOLAS, MD

Provider Gender: Male
License Number: A124698
NPI: 1306076716

Provider English Spoken: Y
Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE
FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619)
470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

DEAN, MOENA, OD

Provider Gender: Female
License Number: 33955
NPI: 1265927578

Provider English Spoken: Y
Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
Phone: (619) 472-1010
Fax: (619) 479-5233

After Hours Phone: (619)
472-1010

Accepting New Patients: Yes

Site English Spoken: Y
Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

🕒 Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE
FG
NATIONAL CITY, CA 91950

📞 Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)
470-2700

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE
FG

NATIONAL CITY, CA 91950

📞 Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)
470-2700

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

📞 Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619)
472-1010

Accepting New Patients: Yes

📄 Site English Spoken: Y

📄 Site 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<p>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-TU 8AM-6PM W 8:30AM-5PM TH 8AM-6PM F 8AM-5PM</p>	<p>1/2 mile from Site): 1T</p> <p>Hours: M-TU 8AM-6PM W 8:30AM-5PM TH 8AM-6PM F 8AM-5PM</p>	<p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950</p> <p> Phone: (619) 472-1010 Fax: (619) 479-5233</p> <p> After Hours Phone: (619) 472-1010</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> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p> Hours: M-TU 8AM-6PM W 8:30AM-5PM TH 8AM-6PM F 8AM-5PM</p>
<p>HUANG, GRACE, OD</p> <p>Provider Gender: Female</p> <p>License Number: 35485</p> <p>NPI: 1013605526</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950</p> <p> Phone: (619) 472-1010 Fax: (619) 479-5233</p> <p> After Hours Phone: (619) 472-1010</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> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within</p>	<p>HUANG, GRACE, OD</p> <p>Provider Gender: Female</p> <p>License Number: 35485</p> <p>NPI: 1013605526</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>WEST COAST EYE CARE</p> <p> 2240 E PLAZA BLVD STE FG NATIONAL CITY, CA 91950</p> <p> Phone: (619) 470-2700 Fax: (619) 267-8221</p> <p> After Hours Phone: (619) 470-2700</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1U</p> <p> Hours: M-F 8AM-4:30PM</p>	<p>KALBAKJI, NATALY, OD</p> <p>Provider Gender: Female</p> <p>License Number: 34943</p> <p>NPI: 1700556438</p> <p>Provider English Spoken: Y</p> <p>Provider Language(s) Spoken: Arabic</p> <p>Cultural Competency: Y</p> <p>ACUITY EYE GROUP</p> <p> 655 EUCLID AVE STE 302</p>
<p>HUDSON, HENRY, MD</p> <p>Provider Gender: Male</p> <p>License Number: G76091</p> <p>NPI: 1851349195</p>	<p>HUDSON, HENRY, MD</p> <p>Provider Gender: Male</p> <p>License Number: G76091</p> <p>NPI: 1851349195</p>	

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

NATIONAL CITY, CA 91950

☎ Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

☑ Site English Spoken: Y

☑ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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 Languages(s) Spoken:
Arabic, Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: SU 10AM-4PM
M-F 9AM-6PM
SA 9AM-5PM

KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

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

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 Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

📞 Phone: (619) 472-1010

Fax: (619) 479-5233

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

☎ After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

☑ Site English Spoken: Y

☑ Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

☎ After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

☑ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

KING, MARY, OD

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y

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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

MARYOUNG, ALLISON, OD

Provider Gender: Female

License Number: 35512

NPI: 1083309124

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

MCGRAW, JOSEPH, MD

Provider Gender: Male
License Number: A155228
NPI: 1588624852

Provider English Spoken: Y
Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE
FG
NATIONAL CITY, CA 91950
Phone: (619) 470-2700
Fax: (619) 267-8221
After Hours Phone: (619)
470-2700

Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1U
Hours: M-F 8AM-4:30PM

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 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

MENDOZA, RAYMUNDO, OD

Provider Gender: Male
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 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-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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<p> <input type="checkbox"/> <i>Site Languages(s) Spoken:</i> restriction Spanish <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction <i>American Sign Language (ASL):</i> N <input type="checkbox"/> <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1U <input type="clock"/> <i>Hours:</i> M-TU 8AM-6PM W 8:30AM-5PM TH 8AM-6PM F 8AM-5PM </p>	<p> <i>restriction</i> <i>American Sign Language (ASL):</i> N <input type="checkbox"/> <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1U <input type="clock"/> <i>Hours:</i> M-F 8AM-4:30PM </p>	<p> <i>M-F 9AM-6PM</i> <i>SA 9AM-5PM</i> </p>
<p> MORRISON REYES, JOSHUA, MD <i>Provider Gender:</i> Male <i>License Number:</i> A125435 <i>NPI:</i> 1235366782 <i>Provider English Spoken:</i> Y <i>Provider Language(s) Spoken:</i> Indonesian, Spanish <i>Cultural Competency:</i> Y WEST COAST EYE CARE <input type="location"/> 2240 E PLAZA BLVD STE FG NATIONAL CITY, CA 91950 <input type="phone"/> <i>Phone:</i> (619) 470-2700 <i>Fax:</i> (619) 267-8221 <input type="clock"/> <i>After Hours Phone:</i> (619) 470-2700 <i>Accepting New Patients:</i> Yes <input type="checkbox"/> <i>Site English Spoken:</i> Y <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction </p>	<p> NGUYEN, THERESA, OD <i>Provider Gender:</i> Female <i>License Number:</i> 35530TLG <i>NPI:</i> 1609555713 <i>Provider English Spoken:</i> Y <i>Cultural Competency:</i> Y LUSTRO EYEWORKS OPTOMETRY <input type="location"/> 1481 E PLAZA BLVD NATIONAL CITY, CA 91950 <input type="phone"/> <i>Phone:</i> (619) 477-2159 <i>Fax:</i> (619) 477-2128 <input type="clock"/> <i>After Hours Phone:</i> (619) 477-2159 <i>Accepting New Patients:</i> Yes <input type="checkbox"/> <i>Site English Spoken:</i> Y <input type="checkbox"/> <i>Site Languages(s) Spoken:</i> Arabic, Hindi, Spanish <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction <i>American Sign Language (ASL):</i> N <input type="checkbox"/> <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1T <input type="clock"/> <i>Hours:</i> SU 10AM-4PM </p>	<p> PATEL, GITANE, MD <i>Provider Gender:</i> Male <i>License Number:</i> A108603 <i>NPI:</i> 1710171434 <i>Provider English Spoken:</i> Y <i>Cultural Competency:</i> Y WEST COAST EYE CARE <input type="location"/> 2240 E PLAZA BLVD STE FG NATIONAL CITY, CA 91950 <input type="phone"/> <i>Phone:</i> (619) 470-2700 <i>Fax:</i> (619) 267-8221 <input type="clock"/> <i>After Hours Phone:</i> (619) 470-2700 <i>Accepting New Patients:</i> Yes <input type="checkbox"/> <i>Site English Spoken:</i> Y <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction <i>American Sign Language (ASL):</i> N <input type="checkbox"/> <i>Accessibility:</i> CONTACT PROVIDER <i>Public transportation (within 1/2 mile from Site):</i> 1U <input type="clock"/> <i>Hours:</i> M-F 8AM-4:30PM </p>
<p> <input type="checkbox"/> <i>Site English Spoken:</i> Y <i>Min/Max Age:</i> 0\None <i>Gender Restriction:</i> No Gender restriction </p>	<p> <input type="clock"/> <i>Hours:</i> M-F 8AM-4:30PM </p>	<p> PATEL, SARJAN, MD <i>Provider Gender:</i> Male <i>License Number:</i> A114976 <i>NPI:</i> 1316199326 <i>Provider English Spoken:</i> Y <i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish </p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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) 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

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



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

 **Accessibility: CONTACT PROVIDER**
Public transportation (within 1/2 mile from Site): 1T
 **Hours: SU 10AM-4PM
M-F 9AM-6PM
SA 9AM-5PM**

VINH, JOHN, OD



Provider Gender: Male
License Number: 14177
NPI: 1003102724
Provider English Spoken: Y
Cultural Competency: Y
WEST COAST EYE CARE
 2240 E PLAZA BLVD STE FG
NATIONAL CITY, CA 91950
 Phone: (619) 470-2700
Fax: (619) 267-8221
 After Hours Phone: (619) 470-2700
Accepting New Patients: Yes
 Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N



 **Accessibility: CONTACT PROVIDER**
Public transportation (within 1/2 mile from Site): 1U
 **Hours: M-F 8AM-4:30PM**

VINH, JOHN, OD

Provider Gender: Male






License Number: 14177
NPI: 1003102724
Provider English Spoken: Y
Cultural Competency: Y
ACUITY EYE GROUP
 655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950
 Phone: (619) 472-1010
Fax: (619) 479-5233
 After Hours Phone: (619) 472-1010



Accepting New Patients: Yes
 Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

 **Accessibility: CONTACT PROVIDER**
Public transportation (within 1/2 mile from Site): 1T
 **Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM**


VIVIRITO, MARY, OD

Provider Gender: Female
License Number: 33798
NPI: 1477968667
Provider English Spoken: Y
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**

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

📞 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

🗨 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

WU, EVA, OD

Provider Gender: Female

License Number: 14743

NPI: 1073954442

Provider English Spoken: Y

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

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE
FG
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

📞 After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

🗨 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

☎ Phone: (619) 472-1010

Fax: (619) 479-5233

📞 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

🗨 Site English Spoken: Y

🗨 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804

Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)
472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-5PM

OCEANSIDE

KASAI, SARAH, OD

Provider Gender: Female

License Number: 34226

NPI: 1023406238

Provider English Spoken: Y

Cultural Competency: Y

NORTH COAST OPTOMETRY

3915 MISSION AVE STE 2
OCEANSIDE, CA 92058

Phone: (760) 757-8771

After Hours Phone: (760)
757-8771

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-TU 9AM-6PM
W 10AM-7PM
TH 9AM-6PM
F 9AM-5PM

NISKANEN, RACHEL, OD

Provider Gender: Female

License Number: 34663

NPI: 1467065797

Provider English Spoken: Y

Cultural Competency: Y

NORTH COAST OPTOMETRY

3915 MISSION AVE STE 2
OCEANSIDE, CA 92058

Phone: (760) 757-8771

After Hours Phone: (760)
757-8771

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM
SA 8AM-11AM

SAN DIEGO

ACKROYD, ARCHIE, OD

Provider Gender: Male

License Number: 4774

NPI: 1629107172

Provider English Spoken: Y

Cultural Competency: Y

VAN HOOSE OPTOMETRIC CORPORATION

📍 7246 CLAIREMONT MESA BLVD
SAN DIEGO, CA 92111

☎ Phone: (858) 292-7193
Fax: (858) 292-8247

🕒 After Hours Phone: (858) 292-7193

Accepting New Patients: Yes

📄 Site English Spoken: Y

📄 Site Language(s) Spoken: Spanish

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 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

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822
Fax: (858) 565-2449

🕒 After Hours Phone: (858)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

565-8822
 Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U
 Hours: M 10AM-6PM
 TU 8:30AM-5PM
 W 7:30AM-4PM
 TH 9:30AM-5PM
 F 8AM-4PM

AOTO, KIM, OD

Provider Gender: Female
 License Number: 14524
 NPI: 1780935650
 Provider English Spoken: Y
 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
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)
697-4600

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM

TU 8AM-5PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-4PM

BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 10AM-6PM

TU 8:30AM-5PM

W 7:30AM-4PM

TH 9:30AM-5PM

F 8AM-4PM

BEAUDRY, AMANDA, OD

Provider Gender: Female

License Number: 33385

NPI: 1477903516

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

7910 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)
309-7702

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 7AM-5PM

BERGMARK, JAMIE, OD

Provider Gender: Female

License Number: 33657

NPI: 1669920757

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

7910 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)
309-7702

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 7AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

BHATIA, SHAGUN, MD

Provider Gender: Female
License Number: A154902
NPI: 1104237353
Provider English Spoken: Y
Cultural Competency: Y

RADY CHILDRENS SPECIALISTS

7910 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 309-7702
Fax: (858) 966-8901

After Hours Phone: (858)
309-7702

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 7AM-5PM

BINDER, NICHOLAS, MD

Provider Gender: Male
License Number: A124698
NPI: 1306076716

Provider English Spoken: Y
Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD
SAN DIEGO, CA 92115

Phone: (619) 697-4600
Fax: (619) 697-2410

After Hours Phone: (619)
697-4600

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

BINDER, NICHOLAS, MD

Provider Gender: Male
License Number: A124698
NPI: 1306076716

Provider English Spoken: Y
Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822
Fax: (858) 565-2449

After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

BOECK, CARL, OD

Provider Gender: Male
License Number: 6620

NPI: 1588656151

Provider English Spoken: Y

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

restriction

American Sign Language (ASL): 1/2 mile from Site): 1U

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M 8AM-5PM
TU-TH 9AM-6PM
F 8AM-5PM

CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE OPTOMETRY

📍 5638 MISSION CENTER RD STE 103
SAN DIEGO, CA 92108

☎ Phone: (619) 295-2900

Fax: (888) 210-5799

📞 After Hours Phone: (619) 295-2900

Accepting New Patients: Yes

📄 Site English Spoken: Y

📄 Site 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

CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE OPTOMETR

📍 7007 FRIARS RD STE 351
SAN DIEGO, CA 92108

☎ Phone: (619) 291-2020

Fax: (888) 210-5799

📞 After Hours Phone: (619) 291-2020

Accepting New Patients: Yes

📄 Site English Spoken: Y

📄 Site 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 10AM-7PM
SA 10AM-7PM

CAO, STEPHANIE, OD

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE OPTOMETRY

📍 1555 PALM AVE STE A2
SAN DIEGO, CA 92154

☎ Phone: (619) 297-2020

Fax: (888) 210-5799

📞 After Hours Phone: (619) 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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: Spanish
Min/Max Age: 0\None
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

DAVIS, JADE, OD

Provider Gender: Female

License Number: 11765

NPI: 1457303398

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE

OPTOMETR

7007 FRIARS RD STE 351
SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)
291-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 10AM-7PM
SA 10AM-7PM

DAVIS, JADE, OD

Provider Gender: Female

License Number: 11765

NPI: 1457303398

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

5638 MISSION CENTER RD
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900

Fax: (888) 210-5799

After Hours Phone: (619)
295-2900

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 9AM-5:30PM
SA 9AM-3PM

DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)

565-8822

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

DUONG, CHERYL, OD

Provider Gender: Female

License Number: 34070

NPI: 1366935678

Provider English Spoken: Y

Cultural Competency: Y

EYELUX OPTOMETRY

16615 DOVE CANYON RD
STE 105

SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)
487-7900

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM
SA 8:30AM-2PM

DUONG, KIM, OD

Provider Gender: Female

License Number: 34222

NPI: 1114448651

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 7910 FROST ST STE 200
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702
Fax: (858) 966-8901

🕒 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 7AM-5PM

DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822
Fax: (858) 565-2449

🕒 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

DYER, SHARON, OD

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600
Fax: (619) 697-2410

🕒 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<p>☐ Site English Spoken: Y</p> <p>☐ Site Language(s) Spoken: Spanish, Vietnamese</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-F 9AM-5PM SA 9AM-1PM</p>	<p>Public transportation (within 1/2 mile from Site): 1T</p> <p>🕒 Hours: TH-F 9AM-5PM</p> <p>HO, AMIEE, OD</p> <p>Provider Gender: Female</p> <p>License Number: 14527</p> <p>NPI: 1396009478</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>HILLCREST EYE CENTER-UCSD</p> <p>📍 4060 4TH AVE STE 610 SAN DIEGO, CA 92103</p> <p>☎ Phone: (619) 543-6244</p> <p>Fax: (619) 295-5034</p> <p>🕒 After Hours Phone: (619) 543-6244</p> <p>Accepting New Patients: Yes</p> <p>☐ Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p>♿ Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p>🕒 Hours: M-F 8AM-5PM</p>	<p>Cultural Competency: Y</p> <p>UC SAN DIEGO HEALTH</p> <p>📍 16950 VIA TAZON SAN DIEGO, CA 92127</p> <p>☎ Phone: (858) 534-6290</p> <p>Fax: (858) 732-0921</p> <p>🕒 After Hours Phone: (858) 534-6290</p> <p>Accepting New Patients: Yes</p> <p>☐ Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p>♿ Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p>🕒 Hours: M-F 8AM-5PM</p>
<p>HO, HOANG, OD</p> <p>Provider Gender: Male</p> <p>License Number: 12582</p> <p>NPI: 1275684847</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>HEALTHY I CARE OPTOMETRY</p> <p>📍 10737 CAMINO RUIZ STE 220 SAN DIEGO, CA 92126</p> <p>☎ Phone: (619) 590-1994</p> <p>🕒 After Hours Phone: (619) 590-1994</p> <p>Accepting New Patients: Yes</p> <p>☐ Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p>♿ Accessibility: CONTACT PROVIDER</p>	<p>Accepting New Patients: Yes</p> <p>☐ Site English Spoken: Y</p> <p>Min/Max Age: 0\None</p> <p>Gender Restriction: No Gender restriction</p> <p>American Sign Language (ASL): N</p> <p>♿ Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p>🕒 Hours: M-F 8AM-4PM</p> <p>HO, AMIEE, OD</p> <p>Provider Gender: Female</p> <p>License Number: 14527</p> <p>NPI: 1396009478</p> <p>Provider English Spoken: Y</p>	<p>HOANG, KEVIN, OD</p> <p>Provider Gender: Male</p> <p>License Number: 34401</p> <p>NPI: 1790339216</p> <p>Provider English Spoken: Y</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: Y</p> <p>JASMINE P NGUYEN OD INC</p> <p>📍 4029 43RD ST STE 300 SAN DIEGO, CA 92105</p> <p>☎ Phone: (619) 284-3937</p> <p>Fax: (619) 284-3938</p> <p>🕒 After Hours Phone: (619) 284-3937</p> <p>Accepting New Patients: Yes</p>

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish, Vietnamese Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N	<input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1T <input type="clock"/> Hours: M-F 9AM-5PM SA 9AM-1PM	License Number: 11033 NPI: 1275566010 Provider English Spoken: Y Provider Language(s) Spoken: Spanish Cultural Competency: Y HILLCREST EYE CENTER-UCSD <input type="location"/> 4060 4TH AVE STE 610 SAN DIEGO, CA 92103 <input type="phone"/> Phone: (619) 543-6244 <input type="phone"/> Fax: (619) 295-5034 <input type="phone"/> After Hours Phone: (619) 543-6244 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N
HOFFMAN, STEVEN, OD Provider Gender: Male License Number: 34561 NPI: 1033736079 Provider English Spoken: Y Cultural Competency: Y JASMINE P NGUYEN OD INC <input type="location"/> 4029 43RD ST STE 300 SAN DIEGO, CA 92105 <input type="phone"/> Phone: (619) 284-3937 <input type="phone"/> Fax: (619) 284-3938 <input type="phone"/> After Hours Phone: (619) 284-3937 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y <input type="checkbox"/> Site Languages(s) Spoken: Spanish, Vietnamese Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N	HOM, GREGORY, OD Provider Gender: Male License Number: 9694 NPI: 1154473916 Provider English Spoken: Y Cultural Competency: Y GREGORY G HOM OD <input type="location"/> 11230 SORRENTO VLY RD STE 145 SAN DIEGO, CA 92121 <input type="phone"/> Phone: (858) 535-9835 <input type="phone"/> Fax: (858) 535-1266 <input type="phone"/> After Hours Phone: (858) 535-9835 Accepting New Patients: Yes <input type="checkbox"/> Site English Spoken: Y Min/Max Age: 0\None Gender Restriction: No Gender restriction American Sign Language (ASL): N	<input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1T <input type="clock"/> Hours: M-F 8AM-4PM
<input type="checkbox"/> Accessibility: CONTACT PROVIDER Public transportation (within 1/2 mile from Site): 1T <input type="clock"/> Hours: M-F 9AM-5PM SA 9AM-1PM	HOO, PAMELA, OD Provider Gender: Female	HUANG, GRACE, OD Provider Gender: Female License Number: 35485 NPI: 1013605526 Provider English Spoken: Y Cultural Competency: Y WEST COAST EYE CARE <input type="location"/> 4344 CONVOY ST STE C2 SAN DIEGO, CA 92111

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

📞 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

🗣 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM

TU 8:30AM-5PM

W 7:30AM-4PM

TH 9:30AM-5PM

F 8AM-4PM

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 9:30AM-6PM

W 9:30AM-6PM

TH-F 10AM-6PM

SA 9AM-3PM

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):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

HUYNH, PAUL, MD

Provider Gender: Male

License Number: A79141

NPI: 1871577056

Provider English Spoken: Y

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: Y

ADVANCED EYE AND LASER

CTR OF CA INC

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009

NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619) 543-6244

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-4PM

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

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

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 10AM-6PM

TU 8:30AM-5PM

W 7:30AM-4PM

TH 9:30AM-5PM

F 8AM-4PM

KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

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

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

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 Language(s) Spoken:
Spanish, Vietnamese

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 9AM-5PM
SA 9AM-1PM

KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

🕒 After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

🗨 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600

Fax: (619) 697-2410

🕒 After Hours Phone: (619)

697-4600

Accepting New Patients: Yes

🗨 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

KHINDA, SUNEHA, OD

Provider Gender: Female

License Number: 35494

NPI: 1750066726

Provider English Spoken: Y

Cultural Competency: Y

EYELUX OPTOMETRY

📍 16615 DOVE CANYON RD
STE 105

SAN DIEGO, CA 92127

☎ Phone: (858) 487-7900

Fax: (858) 487-1896

🕒 After Hours Phone: (858)
487-7900

Accepting New Patients: Yes

🗨 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM
SA 8:30AM-2PM

KIM, PHILIP, OD

Provider Gender: Male

License Number: 33893

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

📍 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

☎ Phone: (619) 543-6244

Fax: (619) 295-5034

🕒 After Hours Phone: (619)
543-6244

Accepting New Patients: Yes

🗨 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-4PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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
Accepting New Patients: Yes
Site English Spoken: Y
Min/Max Age: 0\None
Gender 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 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

SA 9AM-3PM

LAU, KUEN CHINE, OD

Provider Gender: Male

License Number: 11166

NPI: 1821001645

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE

OPTOMETR

7007 FRIARS RD STE 351
SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)
291-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 10AM-7PM
SA 10AM-7PM

LAU, KUEN CHINE, OD

Provider Gender: Male

License Number: 11166

NPI: 1821001645

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE
OPTOMETRY

1555 PALM AVE STE A2
SAN DIEGO, CA 92154

Phone: (619) 297-2020

Fax: (888) 210-5799

After Hours Phone: (619)
297-2020

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 9:30AM-6PM
SA 9AM-3PM

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

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

LIN, HENRY, OD
Provider Gender: Male
License Number: 11368
NPI: 1861405664
Provider English Spoken: Y
Provider Language(s) Spoken: Spanish, Chinese
Cultural Competency: Y
FASHION VALLEY EYE CARE
OPTOMETR
7007 FRIARS RD STE 351
SAN DIEGO, CA 92108
Phone: (619) 291-2020
Fax: (888) 210-5799
After Hours Phone: (619) 291-2020

Accepting New Patients: Yes
Site English Spoken: Y
Site Languages(s) Spoken: Spanish
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL):
N
Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
Hours: M-F 10AM-7PM
SA 10AM-7PM

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

LLANES, BENJAMIN, OD
Provider Gender: Male
License Number: 8782
NPI: 1053309005

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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
 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

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

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

MARYOUNG, ALLISON, OD

Provider Gender: Female

License Number: 35512

NPI: 1083309124

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2
 SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)
 565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
 restriction

American Sign Language (ASL):
 N

Accessibility: CONTACT

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

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

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

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

🕒 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

📄 Site English Spoken: Y

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

MCGRAW, JOSEPH, MD

Provider Gender: Male

License Number: A155228

NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600

Fax: (619) 697-2410

📞 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

MIZOGUCHI, LIANNE, OD

Provider Gender: Female

License Number: 10104

NPI: 1619900313

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

📍 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

☎ Phone: (619) 543-6244

Fax: (619) 295-5034

📞 After Hours Phone: (619) 543-6244

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-4PM

MOLL, ANGELA, MD

Provider Gender: Female

License Number: A105472

NPI: 1861648602

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 7910 FROST ST STE 200
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702

Fax: (858) 966-8901

📞 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 7AM-5PM

MOOR, TRACY, OD

Provider Gender: Female

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)

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-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

WEST COAST EYE CARE

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 10AM-6PM

TU 8:30AM-5PM

W 7:30AM-4PM

TH 9:30AM-5PM

F 8AM-4PM

MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

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): 1U

Hours: M 7:30AM-4:30PM
TU 8AM-5PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-4PM

NGUYEN, KELVIN, OD

Provider Gender: Male

License Number: 11085

NPI: 1518923572

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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):
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-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, 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

<input type="checkbox"/> Site English Spoken: Y	restriction	PROVIDER
<input type="checkbox"/> Site Languages(s) Spoken: Spanish, Vietnamese	American Sign Language (ASL): N	Public transportation (within 1/2 mile from Site): 1T
Min/Max Age: 0\None	Accessibility: CONTACT PROVIDER	Hours: M-F 9AM-5PM SA 9AM-1PM
Gender Restriction: No Gender restriction	Public transportation (within 1/2 mile from Site): 1U	NGUYEN, THANH, OD
American Sign Language (ASL): N	Hours: M-TU 9AM-5PM W 10AM-6PM TH 9AM-5PM F 10AM-6PM	Provider Gender: Female
Accessibility: CONTACT PROVIDER		License Number: 13126
Public transportation (within 1/2 mile from Site): 1T		NPI: 1992813323
Hours: M-F 9AM-5PM SA 9AM-1PM		Provider English Spoken: Y
	NGUYEN, JASMINE, OD	Provider Language(s) Spoken: Vietnamese
	Provider Gender: Female	Cultural Competency: Y
	License Number: 11189	JASMINE P NGUYEN OD INC
	NPI: 1497896922	4029 43RD ST STE 300 SAN DIEGO, CA 92105
NGUYEN, THANH, OD	Provider English Spoken: Y	Phone: (619) 284-3937
Provider Gender: Female	Provider Language(s) Spoken: Vietnamese	Fax: (619) 284-3938
License Number: 13126	Cultural Competency: Y	After Hours Phone: (619) 284-3937
NPI: 1992813323	JASMINE P NGUYEN OD INC	Accepting New Patients: Yes
Provider English Spoken: Y	4029 43RD ST STE 300 SAN DIEGO, CA 92105	<input type="checkbox"/> Site English Spoken: Y
Provider Language(s) Spoken: Vietnamese	Phone: (619) 284-3937	<input type="checkbox"/> Site Languages(s) Spoken: Spanish, Vietnamese
Cultural Competency: Y	Fax: (619) 284-3938	Min/Max Age: 0\None
SABRE SPRINGS OPTOMETRY	After Hours Phone: (619) 284-3937	Gender Restriction: No Gender restriction
12650 SABRE SPGS PKWY STE 203 SAN DIEGO, CA 92128	Accepting New Patients: Yes	American Sign Language (ASL): N
Phone: (858) 748-1265	<input type="checkbox"/> Site English Spoken: Y	Accessibility: CONTACT PROVIDER
Fax: (844) 269-9527	<input type="checkbox"/> Site Languages(s) Spoken: Spanish, Vietnamese	Public transportation (within 1/2 mile from Site): 1T
After Hours Phone: (858) 748-1265	Min/Max Age: 0\None	Hours: M-F 9AM-5PM SA 9AM-1PM
Accepting New Patients: Yes	Gender Restriction: No Gender restriction	
<input type="checkbox"/> Site English Spoken: Y	American Sign Language (ASL): N	
<input type="checkbox"/> Site Languages(s) Spoken: Spanish, Vietnamese	Accessibility: CONTACT PROVIDER	
Min/Max Age: 0\None		
Gender Restriction: No Gender restriction		

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

7910 FROST ST STE 200
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)
309-7702

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F 7AM-5PM

PATEL, SARJAN, MD

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

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

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

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

PATEL, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)
697-4600

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

📞 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

📄 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

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

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU 9:30AM-6PM
TH-F 9:30AM-6PM

PHUNG, RICHARD N V, OD

Provider Gender: Male

License Number: 9547

NPI: 1689661571

Provider English Spoken: Y

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 Languages(s) Spoken: Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 10AM-2PM
W-TH 10AM-6PM
F 9AM-2PM
SA 9AM-2PM

POUSTI, SHEIVA, OD

Provider Gender: Female

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
☎ Phone: (858) 565-8822
Fax: (858) 565-2449
🕒 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes
☑ Site English Spoken: Y
Min/Max Age: 0\None
Gender Restriction: No Gender restriction
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

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

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Gender Restriction: No Gender restriction
1/2 mile from Site): 1T

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-5:30PM
SA 9AM-3PM

SHULKIN, MITCHELL, OD

Provider Gender: Male

License Number: 8153

NPI: 1770531865

Provider English Spoken: Y

Cultural Competency: Y

NORTH COUNTY OPTOMETRY

📍 11835 CARMEL MTN RD
STE 1313

SAN DIEGO, CA 92128

☎ Phone: (858) 674-1276

Fax: (858) 674-5863

🕒 After Hours Phone: (858)
674-1276

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:
Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within

🕒 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 Languages(s) Spoken:
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 9AM-5PM
SA 9AM-1PM

TAM, MAY, OD

Provider Gender: Female

License Number: 11960

NPI: 1548255896

Provider English Spoken: Y

Provider Language(s) Spoken:
Spanish

Cultural Competency: Y

FASHION VALLEY EYE CARE
OPTOMETR

📍 7007 FRIARS RD STE 351
SAN DIEGO, CA 92108

☎ Phone: (619) 291-2020

Fax: (888) 210-5799

🕒 After Hours Phone: (619)
291-2020

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 10AM-7PM
SA 10AM-7PM

TAM, MAY, OD

Provider Gender: Female

License Number: 11960

NPI: 1548255896

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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 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

TILLMAN, SYLVIA, OD

Provider Gender: Female

License Number: 9726

NPI: 1174730824

Provider English Spoken: Y

Cultural Competency: Y

JASMINE P NGUYEN OD INC

📍 4029 43RD ST STE 300
SAN DIEGO, CA 92105

☎ Phone: (619) 284-3937
Fax: (619) 284-3938

📞 After Hours Phone: (619)
284-3937

Accepting New Patients: Yes

☑ Site English Spoken: Y

☑ Site Language(s) Spoken:
Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M-F 9AM-5PM
SA 9AM-1PM

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
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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

📞 After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

📄 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM

W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

📞 After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

📄 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600

Fax: (619) 697-2410

📞 After Hours Phone: (619)
697-4600

Accepting New Patients: Yes

📄 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM
TU 8AM-5PM
W 8:30AM-5PM
TH 8AM-6PM
F 8AM-4PM

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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
 4344 CONVOY ST STE C2
 SAN DIEGO, CA 92111
 Phone: (858) 565-8822
 Fax: (858) 565-2449
 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes N
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U
 Hours: M 10AM-6PM
 TU 8:30AM-5PM
 W 7:30AM-4PM
 TH 9:30AM-5PM
 F 8AM-4PM

TRAN, ALEXANDER, OD

Provider Gender: Male
 License Number: 14136
 NPI: 1902414790
 Provider English Spoken: Y
 Cultural Competency: Y
 RADY CHILDRENS
 SPECIALISTS
 7910 FROST ST STE 200
 SAN DIEGO, CA 92123
 Phone: (858) 309-7702
 Fax: (858) 966-8901
 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 Gender Restriction: No Gender restriction
 American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 7AM-5PM

TRANG, CHAU, OD

Provider Gender: Female
 License Number: 9556
 NPI: 1073671087
 Provider English Spoken: Y
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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 Language(s) Spoken:
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 Hours: M 8AM-5PM

TU-TH 9AM-6PM
F 8AM-5PM

VIVIRITO, MARY, OD

Provider Gender: Female
License Number: 33798
NPI: 1477968667
Provider English Spoken: Y
Provider Language(s) Spoken:
Spanish
Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822
Fax: (858) 565-2449

📞 After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

📄 Site English Spoken: Y
Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

VO, ANDREW MINH, OD

Provider Gender: Male

License Number: 33869

NPI: 1790291565

Provider English Spoken: Y

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

☎ Phone: (619) 291-5505
Fax: (619) 291-4404

🕒 After Hours Phone: (619) 291-5505

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: TU-F 9AM-3PM
SA 10AM-2PM

YU, CAROL, OD

Provider Gender: Female

License Number: 34047

NPI: 1639697451

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Chinese

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

📍 4060 4TH AVE STE 610
SAN DIEGO, CA 92103

☎ Phone: (619) 543-6244
Fax: (619) 295-5034

🕒 After Hours Phone: (619) 543-6244

Accepting New Patients: Yes

☐ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8AM-4PM

ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822
Fax: (858) 565-2449

🕒 After Hours Phone: (858) 565-8822

Accepting New Patients: Yes

☐ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10AM-6PM

TU 8:30AM-5PM

W 7:30AM-4PM

TH 9:30AM-5PM

F 8AM-4PM

ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600
Fax: (619) 697-2410

🕒 After Hours Phone: (619) 697-4600

Accepting New Patients: Yes

☐ Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM

TU 8AM-5PM

W 8:30AM-5PM

TH 8AM-6PM

F 8AM-4PM

ZHAO, TAILUN, MD

Provider Gender: Male

License Number: C186414

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

NPI: 1952659203

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)
565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M 10AM-6PM
TU 8:30AM-5PM
W 7:30AM-4PM
TH 9:30AM-5PM
F 8AM-4PM

SAN MARCOS

GARFF, KEVIN, MD

Provider Gender: Male

License Number: A160988

NPI: 1609258920

Provider English Spoken: Y

Provider Language(s) Spoken:

Spanish

Cultural Competency: Y

RSF OPHTHALMOLOGY

100 N RANCHO SNTA FE
RD STE 12

SAN MARCOS, CA 92069

Phone: (760) 598-0400

Fax: (760) 249-7394

After Hours Phone: (760)
598-0400

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Thai

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

GUAN, HOWARD, MD

Provider Gender: Male

License Number: A119766

NPI: 1134427636

Provider English Spoken: Y

Provider Language(s) Spoken:

Spanish, Chinese

Cultural Competency: Y

RSF OPHTHALMOLOGY

100 N RANCHO SNTA FE
RD STE 12

SAN MARCOS, CA 92069

Phone: (760) 598-0400

Fax: (760) 249-7394

After Hours Phone: (760)

598-0400

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Thai

Min/Max Age: 0\None

Gender Restriction: No Gender
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

PRESTERA, TORY, MD

Provider Gender: Male

License Number: A62321

NPI: 1346224557

Provider English Spoken: Y

Provider Language(s) Spoken:

Spanish

Cultural Competency: Y

RSF OPHTHALMOLOGY

100 N RANCHO SNTA FE
RD STE 12

SAN MARCOS, CA 92069

Phone: (760) 598-0400

Fax: (760) 249-7394

After Hours Phone: (760)
598-0400

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Thai

Min/Max Age: 0\None

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Gender 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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
 Accepting New Patients: Yes
 Site English Spoken: Y
 Min/Max Age: 0\None
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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 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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

Site English 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

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 Languages(s) Spoken: Spanish

Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F 9AM-6PM SA 9AM-5PM

TOUBIA, ELIAS, OD

Provider Gender: Male
 License Number: 33758
 NPI: 1740701481
 Provider English Spoken: Y
 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 Languages(s) Spoken: Spanish

Min/Max Age: 0\None
 Gender Restriction: No Gender restriction

American Sign Language (ASL):

N
 Accessibility: CONTACT PROVIDER
 Public transportation (within

1/2 mile from Site): 1U

Hours: M-F 9AM-6PM
 SA 9AM-5PM

VALLEY CENTER

JOYCE, ROBERT, OD

Provider Gender: Male
 License Number: 11833
 NPI: 1275585127
 Provider English Spoken: Y
 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمي خدمات الإبصار - خدمات العين والإبصار

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

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

TRAN, THAO, OD

Provider Gender: Female

License Number: 12867

NPI: 1962581421

Provider English Spoken: Y

Provider Language(s) Spoken:
Vietnamese

Cultural Competency: Y

KINDERSPECS-GOOD EYES

OPTOMETRY

110 CIVIC CENTER DR STE
204

VISTA, CA 92084

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. دليل مقدمى خدمات الإبصار - خدمات العين والإبصار

☎ 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): IT

🕒 Hours: M-TH 10AM-5PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

جدول ECM للمجموعة محل التركيز (POF)

الأطفال والشباب	البالغون	جدول ECM للمجموعة محل التركيز
✓	✓	1 لأفراد الذين يعانون التشرد 
✓	✓	2 الأفراد المعرضون لخطر استخدام المستشفى أو قسم الطوارئ (ED) الذي يمكن تجنبه (يطلق عليهم رسميًا "المستخدمون المرتفعون") 
✓	✓	3 لأفراد الذين يعانون اضطرابات عقلية خطيرة و/أو اضطرابات تعاطي المخدرات 
✓	✓	4 لأفراد الذين ينتقلون من السجن 
	✓	5 البالغون الذين يعيشون في المجتمع والمعرضون لخطر الرعاية طويلة الأجل (LTC) المؤسسية 
	✓	6 المقيمون في مرافق تمريض البالغين الذين ينتقلون إلى المجتمع 
✓		7 الأطفال والشباب المسجلون في خدمات الأطفال في California (CCS) أو نموذج CCS للطفل الشامل (WCM) مع احتياجات إضافية تتجاوز حالة CCS 
✓		8 الأطفال والشباب المشاركون في Child Welfare لرعاية الطفل 
✓	✓	9 المجموعة محور التركيز التابعة لـ Birth Equity لعدالة الولادة 

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

CORONA

TANGELO

1701 N DELILAH ST
CORONA, CA 92879
Phone: (904) 671-2995
After Hours Phone: (904) 671-2995
Accessibility: CONTACT PROVIDER
Website: N/A
Community Supports Services:
Medically-Supportive
Food/Meals/Medically
Tailored Meals
Street Medicine Provider: N
Email for New Referrals and Existing Patients: CHRIS.OCONNOR@JOINTANGELO.COM
Phone for New Referrals and Existing Patients: (904) 671-2995

Phone: (323) 203-0070
After Hours Phone: (323) 203-0070
Accessibility: CONTACT PROVIDER
Website: N/A
ECM Population of Focus:



Community Supports Services:
Housing Deposits, Housing
Tenancy and Sustaining
Services, Housing Transition
Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ecm@mymedzed.com
Phone for New Referrals and Existing Patients: (323) 203-0070

STE 465
CULVER CITY, CA 90230
Phone: (323) 203-0070
After Hours Phone: (323) 203-0070
Accessibility: CONTACT PROVIDER
Website: N/A
ECM Population of Focus:



Community Supports Services:
Housing Deposits, Housing
Tenancy and Sustaining
Services, Housing Transition
Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ecm@mymedzed.com
Phone for New Referrals and Existing Patients: (323) 203-0070

CULVER CITY

MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE
STE 465
CULVER CITY, CA 90230

MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE

EL CAJON

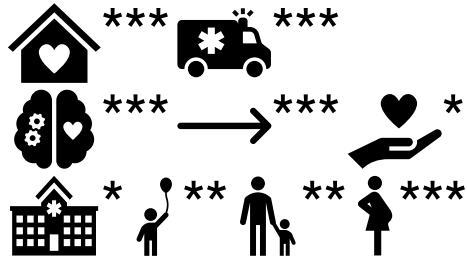
*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.
طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي
اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. يمكنك الزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

LA MAESTRA COMMUNITY HEALTH CENTERS

165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 510-4641
After Hours Phone: (619)
510-4641
Accessibility: CONTACT
PROVIDER
Website: N/A

ECM Population of Focus:



Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 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

LA MAESTRA COMMUNITY HEALTH CENTERS

165 S 1ST ST
EL CAJON, CA 92019
Phone: (619) 510-4641
After Hours Phone: (619)
510-4641
Accessibility: CONTACT
PROVIDER
Website: N/A

ECM Population of Focus:



Community Supports Services:
N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 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

*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.
طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي
اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

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

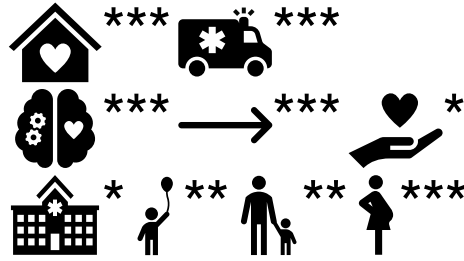
Phone: (619) 273-3295

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@sdweillnesscollaborative.org

Phone for New Referrals and Existing Patients: (619)

273-3295

Mailing Address: 1084 N EL CAMINO REAL STE B-149; Encinitas; CA; 92024

Jl ECM Provider Billing- FFS (PAVE Enrollment)

Jl ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs; Jl ECM Provider Services-Warm Handoffs Only

ESCONDIDO

INTERFAITH COMMUNITY SERVICES

550 W WASHINGTON AVE ESCONDIDO, CA 92025

Phone: (760) 489-6380

After Hours Phone: (760) 489-6380

Accessibility: CONTACT PROVIDER

Website: N/A

Community Supports Services:

Housing Deposits, Housing Tenancy and Sustaining

Services, Housing Transition Navigation

Services, Recuperative Care (Medical Respite), Short-Term

Post-Hospitalization Housing

Street Medicine Provider: N

Phone for New Referrals and Existing Patients: (760)

489-6380

TITANIUM HEALTHCARE

500 LA TERRAZA BLVD STE 150

*الكبار **الأطفال ***الكبار والأطفال على حد سواء

ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.

طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي

اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين

إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. يمكنك الزيارة عبر الإنترنت على

blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

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

TITANIUM HEALTHCARE

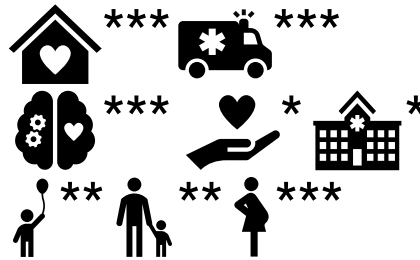
500 LA TERRAZA BLVD STE 150
ESCONDIDO, CA 92025
Phone: (310) 280-5203
After Hours Phone: (310) 280-5203
Accessibility: CONTACT PROVIDER
Website: N/A
Community Supports Services:
Housing Deposits, Housing Tenancy and Sustaining

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
ECM Population of Focus:



Community Supports Services:

N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: tsadlowski@ibclinic.org
Phone for New Referrals and Existing Patients: (619) 429-3733

LEMON GROVE

SERENE HEALTH

7614 LEMON AVE STE C
LEMON GROVE, CA 91945
Phone: (619) 354-1409
After Hours Phone: (619) 354-1409
Accessibility: CONTACT PROVIDER
Website: N/A
Community Supports Services:
Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: andrea@serenehealth.com

*الكبار **الأطفال ***الكبار والأطفال على حد سواء

ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

Phone for New Referrals and Existing Patients: (619) 354-1409

SERENE HEALTH

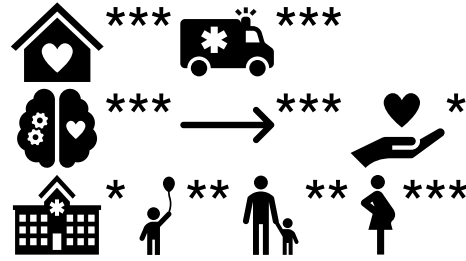
7614 LEMON AVE STE C
LEMON GROVE, CA 91945
Phone: (619) 354-1409
After Hours Phone: (619) 354-1409
Accessibility: CONTACT PROVIDER
Website: N/A

Community Supports Services:
Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: andrea@serenehealth.com
Phone for New Referrals and Existing Patients: (619) 354-1409

LA MAESTRA COMMUNITY HEALTH

CENTERS

7967 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Accessibility: CONTACT PROVIDER
Website: N/A
ECM Population of Focus:

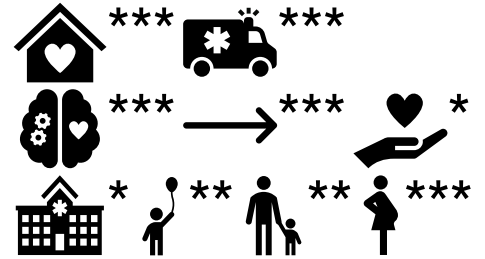


Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG
Phone for New Referrals and Existing Patients: (619) 510-4641
Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

7967 BROADWAY
LEMON GROVE, CA 91945
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641
Accessibility: CONTACT PROVIDER
Website: N/A
ECM Population of Focus:



*الكبار **الأطفال ***الكبار والأطفال على حد سواء

ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

Community Supports Services: N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: ECM.CS@LAMA.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

Accessibility: CONTACT PROVIDER

Website: N/A

Community Supports Services:

Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services

Street Medicine Provider: N

Phone for New Referrals and Existing Patients: (323) 276-6471

EXODUS RECOVERY INC

1902 MARENGO ST STE 107
LOS ANGELES, CA 90033

Phone: (323) 276-6471

After Hours Phone: (323) 276-6471

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

EXODUS RECOVERY INC

8401 S VERMONT AVE
LOS ANGELES, CA 90044

Phone: (323) 789-6492

After Hours Phone: (323) 789-6492

Accessibility: CONTACT

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

*الكبار**الأطفال***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.
طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرذ غير المحمي
اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. يمكنك الزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)






PROVIDER

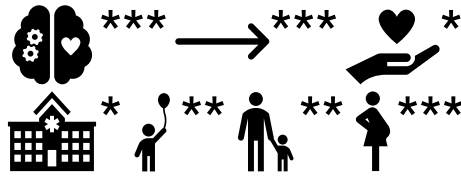
 Website: N/A

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

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:







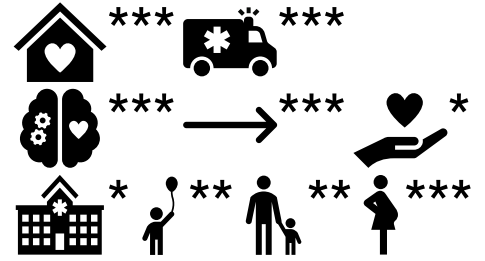
Community Supports Services:
N/A
Street Medicine Provider: N
Email for New Referrals and Ex
isting Patients: ECM.CS@LAMA
ESTRA.ORG
Phone for New Referrals and
Existing Patients: (619)
510-4641

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

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:



Community Supports Services:
N/A
Street Medicine Provider: N
Email for New Referrals and Ex
isting 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

*الكبار **الأطفال ***الكبار والأطفال على حد سواء

ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

ORINDA

PATHWAY HOME SOLUTIONS INC

2 BIRCH CT
ORINDA, CA 94563
Phone: (209) 601-0734
After Hours Phone: (209) 601-0734
Accessibility: CONTACT PROVIDER
Website: N/A
Community Supports Services: Environmental Accessibility Adaptations (Home Modifications)
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (209) 601-0734

REDONDO BEACH

EXODUS RECOVERY INC

923 S CATALINA AVE
REDONDO BEACH, CA 90277
Phone: (424) 282-2255
After Hours Phone: (424) 282-2255
Accessibility: CONTACT PROVIDER
Website: N/A
Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (424) 282-2255

EXODUS RECOVERY INC

923 S CATALINA AVE
REDONDO BEACH, CA 90277
Phone: (424) 282-2255
After Hours Phone: (424) 282-2255

Accessibility: CONTACT PROVIDER
Website: N/A
Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (424) 282-2255

SACRAMENTO

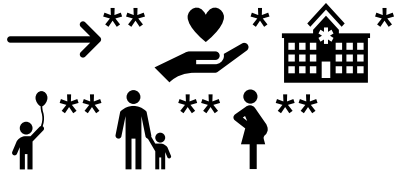
FULL CIRCLE HEALTH NETWORK

2201 K ST
SACRAMENTO, CA 95816
Phone: (888) 749-8877
After Hours Phone: (888) 749-8877
Accessibility: CONTACT PROVIDER
Website: N/A
ECM Population of Focus:



*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرذ غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)



Community Supports Services:
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: 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

Street Medicine Provider: N

Email for New Referrals and Existing Patients: mhammel@comresearch.org

Phone for New Referrals and Existing Patients: (619) 507-9333

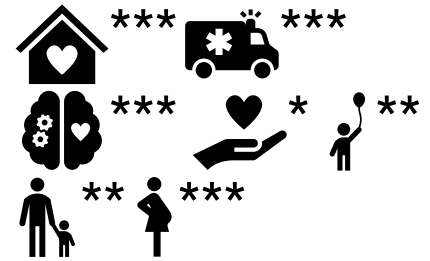
HEALTHY CONNECT SAN DIEGO

1202 MORENA BLVD
SAN DIEGO, CA 92110
Phone: (619) 507-9333
After Hours Phone: (619) 507-9333

Hours: M-F 8AM-4PM
Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:

Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services

Street Medicine Provider: N

Email for New Referrals and Existing Patients: mhammel@comresearch.org

*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

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

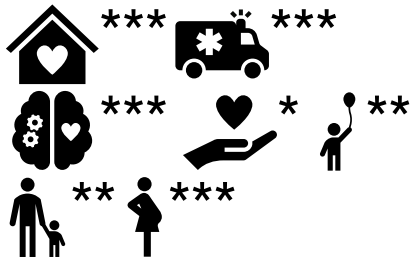
Phone: (619) 507-9333

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

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

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

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

IMPERIAL BEACH HEALTH CENTER

1016 OUTER RD SAN DIEGO, CA 92154

*الكبار **الأطفال ***الكبار والأطفال على حد سواء

ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.





طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرذم غير المحمي

اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين

إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. يمكنك الزيارة عبر الإنترنت على

blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.


K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)





 Phone: (619) 429-3733
 After Hours Phone: (619) 429-3733
 Accessibility: CONTACT PROVIDER
 Website: ibclinic.org
ECM Population of Focus:

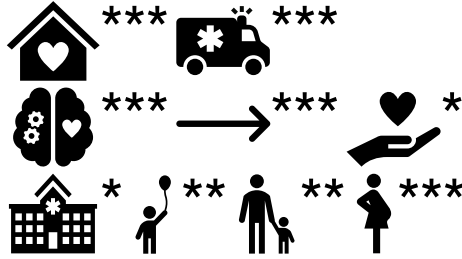


Community Supports Services: N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: tsadlowski@ibclinic.org
Phone for New Referrals and Existing Patients: (619) 429-3733

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
Phone for New Referrals and Existing Patients: (619) 876-4450
Mailing Address: 823 GATEWAY

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

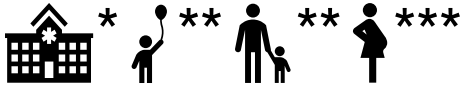
FAMILY HEALTH CENTERS OF SAN DIEGO

 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:



*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)



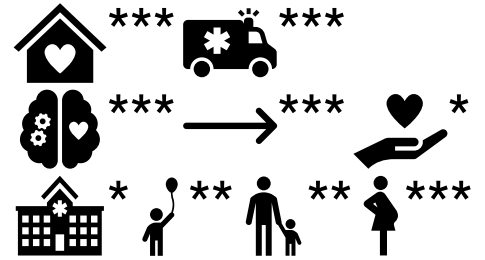
Community Supports Services:
Housing Deposits, Housing
Tenancy and Sustaining
Services, Housing Transition
Navigation Services
Street Medicine Provider: N
Email for New Referrals and Existing Patients: CalAIMReferral
s@fhcsd.org
Phone for New Referrals and
Existing Patients: (619)
876-4450
Mailing Address: 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

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
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

*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.
طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي
اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

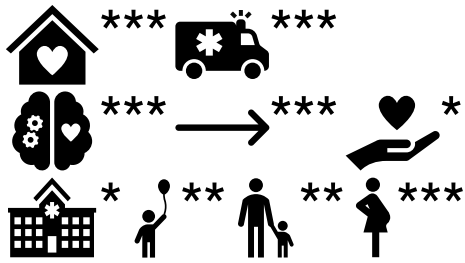
K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

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
ESTRA.ORG

Phone for New Referrals and Existing Patients: (619)
510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

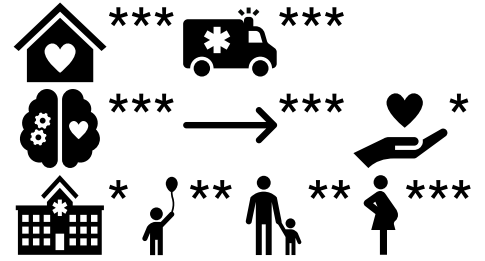
Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider

Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

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

Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider






Services-Pre-Release Services and Participating in Warm Handoffs

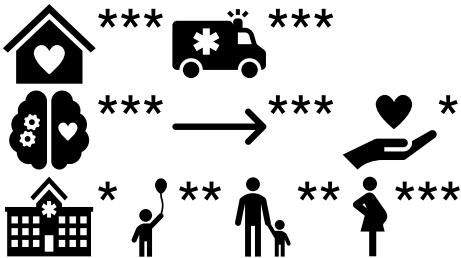
*الكبار **الأطفال ***الكبار والأطفال على حد سواء

ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

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 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

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 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

LA MAESTRA COMMUNITY HEALTH CENTERS

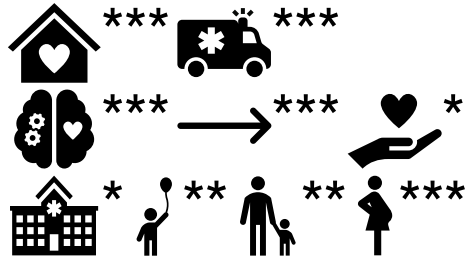
 4157 FAIRMOUNT AVE

*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.
طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي
اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

 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 FAIRMO
UNT AVE; SAN DIEGO; CA; 92105

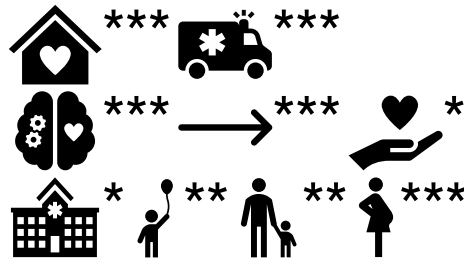
Jl ECM Provider Billing- Direct
Contract with Correctional

Facilities; Jl ECM Provider
Billing- FFS (PAVE Enrollment)
Jl ECM Provider
Services-Pre-Release Services
and Participating in Warm
Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

 4167 FAIRMOUNT AVE
SAN DIEGO, CA 92105
 Phone: (619) 510-4641
 After Hours Phone: (619) 510-4641
 Accessibility: CONTACT PROVIDER
 Website: N/A

ECM Population of Focus:



Community Supports Services:
N/A

Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMA
ESTRA.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; Jl ECM Provider
Billing- FFS (PAVE Enrollment)
Jl ECM Provider
Services-Pre-Release Services
and Participating in Warm
Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

 4167 FAIRMOUNT AVE
SAN DIEGO, CA 92105
 Phone: (619) 510-4641
 After Hours Phone: (619) 510-4641
 Accessibility: CONTACT PROVIDER

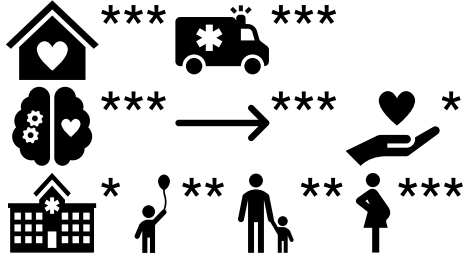
*الكبار **الأطفال ***الكبار والأطفال على حد سواء

ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

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

Jl ECM Provider Billing- Direct
Contract with Correctional
Facilities; Jl ECM Provider
Billing- FFS (PAVE Enrollment)
Jl ECM Provider
Services-Pre-Release Services
and Participating in Warm

Handoffs

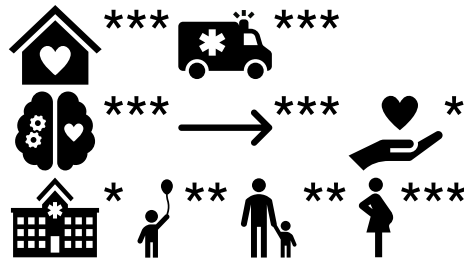
LA MAESTRA COMMUNITY HEALTH CENTERS

4171 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619)
510-4641

Accessibility: CONTACT
PROVIDER

Website: N/A

ECM Population of Focus:



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

Jl ECM Provider Billing- Direct
Contract with Correctional
Facilities; Jl ECM Provider
Billing- FFS (PAVE Enrollment)
Jl ECM Provider

Services-Pre-Release Services
and Participating in Warm
Handoffs

LA MAESTRA COMMUNITY HEALTH CENTERS

4171 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619)
510-4641

Accessibility: CONTACT
PROVIDER

Website: N/A

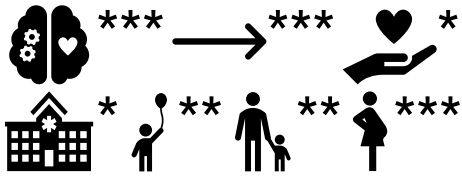
ECM Population of Focus:



*الكبار **الأطفال ***الكبار والأطفال على حد سواء

ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرذ غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)



Community Supports Services:
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider

Services-Pre-Release Services and Participating in Warm Handoffs

LA MAESTRA COMMUNITY HEALTH

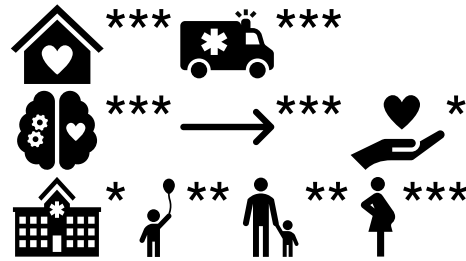
CENTERS

4187 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Phone: (619) 510-4641
After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG

Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

Jl ECM Provider Billing- Direct Contract with Correctional Facilities; Jl ECM Provider Billing- FFS (PAVE Enrollment) Jl ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs

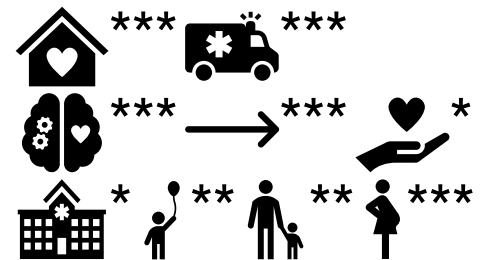
LA MAESTRA COMMUNITY HEALTH CENTERS

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:



*الكبار **الأطفال ***الكبار والأطفال على حد سواء

ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي

اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medical. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

Community Supports Services:
N/A

Street Medicine Provider: N
Email for New Referrals and Existing Patients: ECM.CS@LAMA.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

PEOPLE ASSISTING THE HOMELESS

1250 SIXTH AVE
SAN DIEGO, CA 92101
Phone: (619) 810-8668
After Hours Phone: (619) 810-8668
Accessibility: CONTACT

PROVIDER
Website: N/A
Community Supports Services:
Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation
Services, Recuperative Care (Medical Respite), Short-Term Post-Hospitalization Housing
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (619) 810-8668

PEOPLE ASSISTING THE HOMELESS

1250 SIXTH AVE
SAN DIEGO, CA 92101
Phone: (619) 810-8668
After Hours Phone: (619) 810-8668
Accessibility: CONTACT PROVIDER
Website: N/A

Community Supports Services:
Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition

Navigation
Services, Recuperative Care (Medical Respite), Short-Term Post-Hospitalization Housing
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (619) 810-8668

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

*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

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:



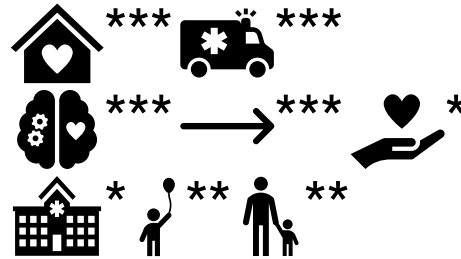
Community Supports Services:
N/A

Street Medicine Provider: N
Phone for New Referrals and
Existing Patients: (858)
810-8700

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 Ex
isting Patients: andrea@serene
health.com

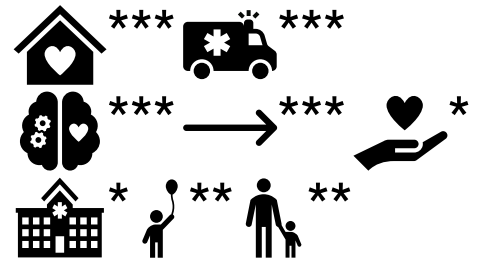
Phone for New Referrals and
Existing Patients: (619)
354-1409
Mailing Address: 4849 RONSO
N CT STE 207; SAN DIEGO; CA; 9
2111

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 Ex
isting Patients: andrea@serene
health.com

Phone for New Referrals and
Existing Patients: (619)
354-1409

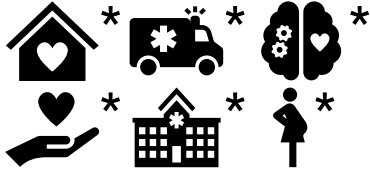
*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.
طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي
اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

Mailing Address: 4849 RONSO
N CT STE 207; SAN DIEGO; CA; 9
2111
JI ECM Provider Billing- FFS
(PAVE Enrollment)
JI 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
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.or
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.or
g
Phone for New Referrals and
Existing Patients: (858)
637-3221

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

*الكبار **الأطفال ***الكبار والأطفال على حد سواء

ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (619) 233-6262

MCALISTER INSTITUTE

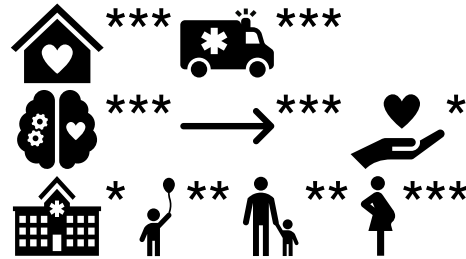
2506 MARKET ST
SAN DIEGO, CA 92102
Phone: (916) 442-0277
After Hours Phone: (916) 442-0277
Accessibility: CONTACT PROVIDER
Website: N/A

Community Supports Services:
Sobering Centers
Street Medicine Provider: N
Phone for New Referrals and Existing Patients: (916) 442-0277

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
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

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
Phone for New Referrals and Existing Patients: (858) 380-5750

*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة. طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرذ غير المحمي اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

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
Phone for New Referrals and Existing Patients: (858) 380-5750

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
ECM Population of Focus:

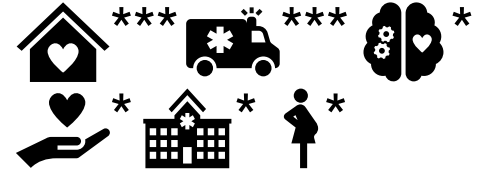


Community Supports Services:
N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: JILL@LIGHTBRIDGEHOSPICE.COM
Phone for New Referrals and Existing Patients: (858) 458-2992

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
Phone for New Referrals and Existing Patients: (747) 500-4609

*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.
طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرذ غير المحمي
اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. يمكنك الزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

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
Phone for New Referrals and

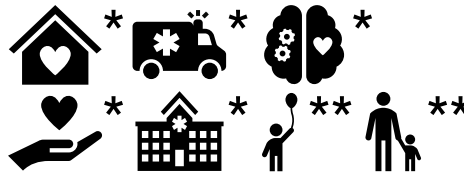
Existing Patients: (747)
500-4609

SAN MARCOS

MERAKEY ALLOS

334 VIA VERA CRUZ STE
204
SAN MARCOS, CA 92078
Phone: (916) 832-4868
After Hours Phone: (916)
832-4868
Accessibility: CONTACT
PROVIDER
Website: N/A

ECM Population of Focus:



Community Supports Services:
N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: deborah.bowyer@merakey.org
Phone for New Referrals and Existing Patients: (916)

832-4868

AMERICARE ADULT DAY HEALTH CARE CENTER

License Number: 060000832

340 RANCHEROS DR STE
196
SAN MARCOS, CA 92069
Phone: (760) 682-2424
After Hours Phone: (760)
682-2424
Site English Spoken: Y
Accessibility: CONTACT
PROVIDER
Website: www.americareadhc.com

Cultural Competency: N

Accepting New Patients: No

ECM Population of Focus:



Community Supports Services:
N/A
Street Medicine Provider: N
Email for New Referrals and Existing Patients: inashtut@americareadhc.com
Phone for New Referrals and

*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM† والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.
طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي
اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً TTY/TDD: 711. يمكنك الزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

K. مقدمو الخدمات الآخرون (الدعم المجتمعي، إدارة الرعاية المحسنة)

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

org
Phone for New Referrals and
Existing Patients: (760)
631-5000

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 Ex
isting Patients: ecmteam@vcc.

*الكبار **الأطفال ***الكبار والأطفال على حد سواء
ECM+ والدعم المجتمعي يتطلبان تصريحاً مسبقاً ويقتصران على الأعضاء الذين يستوفون معايير أهلية محددة.
طب الشارع، أو صحة الشارع، هو ممارسة تقديم الرعاية الصحية للأشخاص الذين يعانون التشرد غير المحمي
اتصل بخدمة عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين
إلى الجمعة، من الساعة 8:00 صباحاً حتى 6:00 مساءً 711 TTY/TDD. يمكنك الزيارة عبر الإنترنت على
blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدمي الخدمات هذا عرضة للتغيير.

L. مرافق الرعاية العاجلة لدى Blue Shield Promise

CHULA VISTA

AFC URGENT CARE OF BONITA

NPI: 1316225147

760 OTAY LAKES RD
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

Spanish

SU 8AM-5PM
M-F 8AM-8PM
SA 8AM-8PM

Accessibility: CONTACT PROVIDER

www.afcurgentcare.com/chula-vista/

Accepting New Patients: No

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

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. مرافق الرعاية العاجلة لدى Blue Shield Promise

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

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

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: 1558788620

5671 BALBOA AVE
SAN DIEGO, CA 92111

(858) 800-2880

(858) 800-2880

SU-SA 8AM-8PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO

NPI: 1952995466

5671 BALBOA AVE
SAN DIEGO, CA 92111

(858) 800-2880

(858) 800-2880

SU-SA 8AM-8PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

AFC URGENT CARE OF SAN DIEGO






NPI: 1952995466

8590 RIO SAN DIEGO DR
STE 111

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. مرافق الرعاية العاجلة لدى Blue Shield Promise

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: 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

SANTEE









AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

 10538 MISSION GORGE RD

STE 100

SANTEE, CA 92071








-  (619) 456-0033
 -  (619) 456-0033
 -  Arabic, Spanish
 -  SU 8AM-6PM
 -  M-F 8AM-8PM
 -  SA 8AM-6PM
 -  *Accessibility:* CONTACT PROVIDER
 -  <https://www.afcurgentcare.com/san-diego/>
- Accepting New Patients: No

CHULA VISTA

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910








-  (858) 966-1720
 -  (858) 966-1720
 -  SU 1PM-10PM
 -  M-F 4PM-10PM
 -  SA 1PM-10PM
 -  *Accessibility:* CONTACT PROVIDER
 -  N/A
- Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

-  (858) 966-1720
 -  (858) 966-1720
 -  SU 1PM-10PM
 -  M-F 4PM-10PM
 -  SA 1PM-10PM
 -  *Accessibility:* CONTACT PROVIDER
 -  N/A
- Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 386 E H ST STE 202
CHULA VISTA, CA 91910

-  (858) 966-1720
-  (858) 966-1720
-  SU 1PM-10PM
-  M-F 4PM-10PM
-  SA 1PM-10PM
-  *Accessibility:* CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


L. مرافق الرعاية العاجلة لدى Blue Shield Promise

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

 386 E H ST STE 202

CHULA VISTA, CA 91910


 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM


 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

 386 E H ST STE 202

CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM


 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

 386 E H ST STE 202

CHULA VISTA, CA 91910


 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM


 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

 386 E H ST STE 202

CHULA VISTA, CA 91910


 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM


 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN


NPI: 1669617197

 386 E H ST STE 202

CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM


 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197





 386 E H ST STE 202

CHULA VISTA, CA 91910







 (858) 966-1720

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


Blue Shield Promise لى الرعاية العاجلة لى .L مرافق

 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN







NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN







NPI: 1669617197
 386 E H ST STE 202

CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No







RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

NPI: 1669617197
 386 E H ST STE 202
CHULA VISTA, CA 91910
 (858) 966-1720
 (858) 966-1720
 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Blue Shield Promise لى الرعاية العاجلة لى .L مرافق

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

386 E H ST STE 202
CHULA VISTA, CA 91910

(858) 966-1720

(858) 966-1720

SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

386 E H ST STE 202
CHULA VISTA, CA 91910

(858) 966-1720

(858) 966-1720

SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

386 E H ST STE 202
CHULA VISTA, CA 91910

(858) 966-1720

(858) 966-1720

SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

386 E H ST STE 202
CHULA VISTA, CA 91910

(858) 966-1720

(858) 966-1720

SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

386 E H ST STE 202
CHULA VISTA, CA 91910

(858) 966-1720

(858) 966-1720

SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

Accessibility: CONTACT PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

386 E H ST STE 202
CHULA VISTA, CA 91910

(858) 966-1720


(858) 966-1720

SU 1PM-10PM
M-F 4PM-10PM

SA 1PM-10PM

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Blue Shield Promise لى الرعاية العاجلة لى .L


 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

 386 E H ST STE 202

CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM


 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

 386 E H ST STE 202

CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM


 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

 386 E H ST STE 202

CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM


 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

 386 E H ST STE 202

CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM


 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

 386 E H ST STE 202

CHULA VISTA, CA 91910

 (858) 966-1720

 (858) 966-1720

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

 386 E H ST STE 202

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. مرافق الرعاية العاجلة لدى Blue Shield Promise

CHULA VISTA, CA 91910
☎ (858) 966-1720
📞 (858) 966-1720
🕒 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
♿ *Accessibility:* CONTACT PROVIDER
🏠 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
📍 386 E H ST STE 202
CHULA VISTA, CA 91910
☎ (858) 966-1720
📞 (858) 966-1720
🕒 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
♿ *Accessibility:* CONTACT PROVIDER
🏠 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
📍 386 E H ST STE 202
CHULA VISTA, CA 91910
☎ (858) 966-1720
📞 (858) 966-1720
🕒 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
♿ *Accessibility:* CONTACT PROVIDER
🏠 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
📍 386 E H ST STE 202
CHULA VISTA, CA 91910
☎ (858) 966-1720
📞 (858) 966-1720
🕒 SU 1PM-10PM
M-F 4PM-10PM
SA 1PM-10PM
♿ *Accessibility:* CONTACT PROVIDER
🏠 N/A
Accepting New Patients: No

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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


ل. مرافق الرعاية العاجلة لدى Blue Shield Promise


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

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 FNFTN

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 FNFTN

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 FNFTN

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 FNFTN

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 FNFTN

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


Blue Shield Promise لدى مرافق الرعاية العاجلة لدى L.


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


Blue Shield Promise لدى مرافق الرعاية العاجلة لدى L.


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDTN

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 FNDDTN


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 FNDDTN

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 FNDDTN

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 FNDDTN

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 FNDDTN

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


Blue Shield Promise لدى مرافق الرعاية العاجلة لدى L.


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Blue Shield Promise لدى مرافق الرعاية العاجلة لدى L.

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

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

LA MESA

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

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 FNDDN

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


L. مرافق الرعاية العاجلة لدى Blue Shield Promise


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


Blue Shield Promise لدى مرافق الرعاية العاجلة لدى L.





 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 FNDDN





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 FNDDN


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 FNDDN



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 FNDDN


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 FNDDN





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 FNDDN


NPI: 1669617197
 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

L. مرافق الرعاية العاجلة لدى Blue Shield Promise


 (619) 713-5375
 (619) 713-5375
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No



RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN



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 FNFTN





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 FNFTN

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 FNFTN





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 FNFTN

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 FNFTN

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


ل. مرافق الرعاية العاجلة لدى Blue Shield Promise

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375


 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS

SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375


 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375


 *Accessibility:* CONTACT
PROVIDER


 N/A


Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A

Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. مرافق الرعاية العاجلة لدى Blue Shield Promise

NPI: 1669617197

5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

Accessibility: CONTACT
PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

Accessibility: CONTACT
PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

Accessibility: CONTACT
PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

Accessibility: CONTACT
PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

5565 GROSSMONT

CENTER DR STE 2
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

Accessibility: CONTACT
PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

Accessibility: CONTACT
PROVIDER

N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED





FNDTN

NPI: 1669617197


5565 GROSSMONT
CENTER DR STE 2

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


L. مرافق الرعاية العاجلة لدى Blue Shield Promise





LA MESA, CA 91942
 (619) 713-5375
 (619) 713-5375
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN






NPI: 1669617197
 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942
 (619) 713-5375
 (619) 713-5375
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN




NPI: 1669617197
 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942



 (619) 713-5375
 (619) 713-5375
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942
 (619) 713-5375
 (619) 713-5375
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN





NPI: 1669617197
 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942
 (619) 713-5375
 (619) 713-5375

 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197
 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942
 (619) 713-5375
 (619) 713-5375
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS 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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


L. مرافق الرعاية العاجلة لدى Blue Shield Promise


 N/A


Accepting New Patients: No


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

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

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

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

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

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


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


ل. مرافق الرعاية العاجلة لدى Blue Shield Promise

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED





FNDTN

NPI: 1669617197


 5565 GROSSMONT



اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

L. مرافق الرعاية العاجلة لدى Blue Shield Promise

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**
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**
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**
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**
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


OCEANSIDE

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**
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

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**
NPI: 1669617197
 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056
 (760) 547-1020
 (760) 547-1020

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. مرافق الرعاية العاجلة لدى Blue Shield Promise


 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

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

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

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

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

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

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

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


RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

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

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

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





RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNFTN

NPI: 1669617197






 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.



ل. مرافق الرعاية العاجلة لدى Blue Shield Promise

 (760) 547-1020
 (760) 547-1020
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN






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

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

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

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

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






RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

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

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED FN D TN

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

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

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



RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

NPI: 1669617197

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Blue Shield Promise لى مرافق الرعاية العاجلة لى .L

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

 (760) 547-1020
 (760) 547-1020


 *Accessibility:* CONTACT
PROVIDER



 N/A

Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

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

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

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

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

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

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

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

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

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

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

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

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

L. مرافق الرعاية العاجلة لدى Blue Shield Promise

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

RADY CHILDRENS

**SPECIALISTS SAN DIEGO MED
FN D TN**

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

RADY CHILDRENS

**SPECIALISTS SAN DIEGO MED
FN D TN**

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

RADY CHILDRENS

**SPECIALISTS SAN DIEGO MED
FN D TN**

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

RADY CHILDRENS

**SPECIALISTS SAN DIEGO MED
FN D TN**

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

RADY CHILDRENS

**SPECIALISTS SAN DIEGO MED
FN D TN**

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

RADY CHILDRENS

**SPECIALISTS SAN DIEGO MED
FN D TN**

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

SAN DIEGO

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

L. مرافق الرعاية العاجلة لدى Blue Shield Promise

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

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 FNDDN

NPI: 1669617197

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

(858) 966-8800

(858) 966-8800

Accessibility: CONTACT
PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


L. مرافق الرعاية العاجلة لدى Blue Shield Promise


 N/A


Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN D TN

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 FN D TN

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 FN D TN

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 FN D TN

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 FN D TN

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 FN D TN

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 FN D TN

NPI: 1669617197

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

L. مرافق الرعاية العاجلة لدى Blue Shield Promise


 *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

 (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

 (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

 (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

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.





L. مرافق الرعاية العاجلة لدى Blue Shield Promise

 (858) 966-8800
 (858) 966-8800
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

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 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 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 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

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 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 SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197






اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

L. مرافق الرعاية العاجلة لدى Blue Shield Promise

 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 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 SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105

 (619) 280-2905
 (619) 280-2905
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN



NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 (619) 280-2905
 (619) 280-2905
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN




NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 (619) 280-2905
 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 (619) 280-2905
 (619) 280-2905
 *Accessibility:* CONTACT PROVIDER
 N/A
Accepting New Patients: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 (619) 280-2905
 (619) 280-2905
 *Accessibility:* CONTACT PROVIDER

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

L. مرافق الرعاية العاجلة لدى Blue Shield Promise

 N/A


Accepting New Patients: No


**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility: CONTACT
PROVIDER*

 N/A


Accepting New Patients: No


**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility: CONTACT
PROVIDER*

 N/A

Accepting New Patients: No


RADY CHILDRENS


**SPECIALISTS SAN DIEGO MED
FN D TN**

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility: CONTACT
PROVIDER*

 N/A

Accepting New Patients: No


RADY CHILDRENS


**SPECIALISTS SAN DIEGO MED
FN D TN**

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility: CONTACT
PROVIDER*

 N/A

Accepting New Patients: No


RADY CHILDRENS


**SPECIALISTS SAN DIEGO MED
FN D TN**

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility: CONTACT
PROVIDER*

 N/A


Accepting New Patients: No


**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility: CONTACT
PROVIDER*

 N/A

Accepting New Patients: No


**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED**


اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.


ل. مرافق الرعاية العاجلة لدى Blue Shield Promise

FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT
PROVIDER

 N/A

Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT
PROVIDER

 N/A

Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT
PROVIDER

 N/A


Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT
PROVIDER

 N/A

Accepting New Patients: No


RADY CHILDRENS


SPECIALISTS SAN DIEGO MED

FNDTN

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 *Accessibility:* CONTACT
PROVIDER

 N/A

Accepting New Patients: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED





FNDTN

NPI: 1669617197


 4305 UNIVERSITY AVE STE





اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

Blue Shield Promise مرافق الرعاية العاجلة لدى L.


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
FN D TN**
NPI: 1669617197
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 (619) 280-2905
 (619) 280-2905
 *Accessibility: CONTACT PROVIDER*
 N/A
Accepting New Patients: No






**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**
NPI: 1669617197
 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105
 (619) 280-2905
 (619) 280-2905
 *Accessibility: CONTACT PROVIDER*
 N/A
Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**
NPI: 1669617197
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 (619) 280-2905
 (619) 280-2905
 *Accessibility: CONTACT PROVIDER*
 N/A
Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**
NPI: 1669617197
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105


 (619) 280-2905
 (619) 280-2905
 *Accessibility: CONTACT PROVIDER*
 N/A
Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**
NPI: 1669617197
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 (619) 280-2905
 (619) 280-2905
 *Accessibility: CONTACT PROVIDER*
 N/A
Accepting New Patients: No

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FN D TN**
NPI: 1669617197
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
 (619) 280-2905
 (619) 280-2905

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

ل. مرافق الرعاية العاجلة لدى Blue Shield Promise

 *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

 (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

 (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

 (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

 (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

 (619) 280-2905

 *Accessibility:* CONTACT PROVIDER

 N/A


Accepting New Patients: No


RCH MID CITY URGENT CARE

NPI: 1710065933

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 (619) 280-2905

 (619) 280-2905

 SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

L. مرافق الرعاية العاجلة لدى Blue Shield Promise

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.southbayurgentcare.com/>

Accepting New Patients: No

اتصل برعاية عملاء Blue Shield Promise على الرقم 1-855-699-5557 للحصول على أحدث المعلومات، من الاثنين إلى الجمعة، من الساعة 8:00 صباحًا حتى 6:00 مساءً 711 TTY/TDD. تفضل بالزيارة عبر الإنترنت على blueshieldca.com/promise/medi-cal. المعلومات الواردة في دليل مقدم الخدمة هذا عرضة للتغيير.

2	AL ANI, NAJWAN.....313	AMBER HOME.....1471
2-1-1 SAN DIEGO.....1715, 1716	AL KHIAMI, BELAL.....835, 956	AMBO, STANLEY.....631
24HR HOMECARE LLC.....1697	AL-MSHHDANI, AYSER.....508	AMBROSE, CHRISTOPHER..639, 1448
A	AL-NOURI, OMAR.923, 924, 1377, 1385	AMERICARE ADULT DAY HEALTH
ABDALLAH, ALI.....455	AL-TAMEEMI, AHMED.....319	CARE CENTER.....1477, 1718
ABDULRAHIM, AHMED.....259	ALAGIRI, MADHU.....1294	AMIRNOVIN, RAMBOD.....1257
ABELHAD, NADIA.....1428	ALANI, ANAS.....1052	AMOS, MARIA.....1060
ABELL, GEOFFREY.....524	ALANIZ, MATEO.....274	AMREEN HOME.....1471
ABERCROMBIE, SHERI.1323, 1324,	ALASSIL, SALLY.....492	ANAND, GOBIND.....813, 1132
1514	ALAYARI, AMETHYST.....967, 1257	ANDAYA, MIKHAEL.....380
ABRAMSON, RACHEL.....525	ALBINO, NICHOLAS.....525	ANDER, AZIZ.....1414
ABSI, CHRISTIAN.....753	ALBO, MICHAEL.....1405	ANDERSON, ELAINE.647, 689, 732,
ABU-DOULEH, NADIA.....1060	ALBORZIAN, SHERVIN.....330	940, 1137, 1138
ACCESS TO INDEPENDENCE.....1466	ALBRIGHT, KELSEY.....886, 1307	ANDERSON, MANDY.....606
ACEVEDO, SUSANA.....611	ALDANA, NANCY.....352	ANDREE, GREGOR.....526, 1294, 1295
ACKROYD, ARCHIE.....1653	ALDOUS, JEANNETTE.492, 600, 1143,	ANDREWS, BRAD.....1008
ACOSTA, ANGELICA.....693	1423	ANDREWS, JOHN.....493
ADAMI, REBECCA.....941, 1167, 1168	ALEXANDER, BRENTON.....769, 1042	ANDRU HOME.....1465
ADAMS, LAURA.....923, 1376	ALFIDI, MARY.....1338	ANDRY, JAMES.....683, 684, 931, 1389
ADAMS, MONA.....1584, 1590, 1653	ALFONSO, ALVIN.....795, 1097	ANWAR, YASMIN.....977, 1427
ADAMS, STEPHEN.....905, 1338	ALGHAMDI, ASMA.....313, 380, 585	ANZA HOUSE.....1471
ADJAN, ROULA.....331, 525	ALGHURAIBI, OHOUD.....755	AOTO, KIM.634, 692, 717, 743, 860,
ADLOUNI, LOUBABA.....525	ALGRA, JEFFREY.....975, 1304	945, 990, 1224, 1225, 1563, 1577, 1585,
AFC URGENT CARE OF BONITA..1719	ALKATIB, RHONDA.....1248	1618, 1638, 1654
AFC URGENT CARE OF SAN DIEGO.	ALLEN, ELIZABETH.....881, 1244	APPENZELLER, ERICA.....1055
.....1719, 1720, 1721	ALLEN, KATHERINE.....371	APPLEGET, JOSEPH.....1097
AFSHAR, KAMYAR.....1157	ALLERS, JENNA.....886	APRIL, MONIQUE.....998, 1430
AGHILI, ROXANA..666, 748, 1021, 1256	ALOTAIBI, MONA.....831	AQUINO, FELINO.....376, 377, 423
AGING & INDEPENDENCE	ALSHEIKH, HUDA.....366, 367	ARAFAH, DEEMA.....1278
SERVICES.....1478	ALSTEEN, STEPHANIE.....1060	ARAIZA, ERNESTINA.....694, 1483
AGNIHOTRI, PARAG.....1164	ALTAMIRANO, LEON.....1418, 1550	ARBOR HILLS NURSING CENTER.
AGUERO, AMETHYST.....350	ALVA, WENDY.....685	.....1462
AGUERO, PETER.....1364, 1365	ALVARADO, EDMUND.....545	ARCE GOMEZ, LAURA.....274
AGUEY, OMAR.....628	ALVAREZ-ESTRADA, MIGUEL.456,	ARCHAMBAULT, CHRISTIAN.....526
AGUILA, YESENIA.....1060	585, 586, 1123, 1420	ARCHIBALD, JOHN.....1603, 1654
AGUILAR, EDITA.....351	ALWAHAB, AREEJ.....332	ARELLANO, JACQUELINE.703, 778,
AGYEMANG, ALBERTA.....781	ALWASH, MUSTAFA.....320	779, 1055, 1056
AHMAD, AAKIF.....453	ALYAS, ALISIA.....336	ARENAS, CECILY.....1061
AINSWORTH, DELISSA.....885, 1306	AMANAT, SOROOSH.....274	ARIELLA, LYNDA.....1419, 1551
AISAGBONHI, OMONIGHO.....880	AMANN, CHRISTOPHER.700, 800,	ARLATA, TAMANTHA.....621
AKASHI, MARC.....292	1110	ARLINGHAUS, RENE.....1486
AKONG, KATHRYN.....1289	AMARAL, MARGARET.....856	ARMANI, AVA.....726, 924, 1377, 1448
AKRAMI, KEVAN.....700	AMAYA SPRINGS HEALTH CARE	ARMEEN, GARY.....886, 1307
AKUTHOTA, PRAVEEN.....1157	CENTER.....1470	ARMENTA, JORGE.....336, 393, 545
	AMAYA, RICARDO.....303	ARMSTON, LINDSEY.....642, 685

AROCHO-SALGADO, MIRELIS.682, 757, 1371, 1372	BAKER, TANYA. ....1061	BAYAT, HAMED. 733, 734, 1034
ARONLEE, TRACY..... 1515	BALBOA NEPHROLOGY MED GRP INC, .....654, 1184	BAYLIS, CHRISTOPHER. 796, 1098
ARRIETA, IRIS..... 1442	BALBOA NURSING AND REHAB CTR. 1467	BAYLON, ALDO.....672, 1480
ARRIETA, NOEMI..... 343, 586, 1420	BALDONADO, ANALICIA. 301	BEAUCHAMP-WALTERS, JULIA.. 1295
ARROYO VISTA NURSING CTR. ... 1467	BALDWIN, ANDREA. 998	BEAUDRY, AMANDA. 1592, 1655
ARTS, SERENA 423	BALDWIN, DONNA..... 421	BEAUMONT, THOMAS.....928
ARUTYUNOV, BORIS.....1146	BALIKIAN, PHILIP.....1038, 1039	BECERRA SONGOLO, TOSHA.770, 1042
ARVIZU, MARGARITA .....423, 1061	BALL, SHELDON.....1147	BECERRA, GABRIEL. ....1486
ASHAK, DANI. 713, 849, 1202, 1203	BALL, STEPHEN.....916, 1365	BECKMAN, KARI. 1487
ASIMAKOPOULOS, FOTIOS. 818	BALLARD, BROOKE..... 949, 1390	BEGOVIC, ADNAN. 701, 954, 1158, 1159
ASIS, STEPHANIE..... 1577, 1591, 1618	BALLAS, JERASIMOS. 709, 838	BELANGER, TANYA. 565, 1411
ASLIAN, AZITA..... 389	BALLOUT, REEM. 729	BELEN, NEZER..... 305, 424
ASSADIAN, MEHRAK.....448	BALTRUS, JUSTINE ANN..... 1553	BELL, JENNIFER. 1506, 1557, 1558
ASSELIN, LYNETTE. 631	BALUCH, NARGES.....1041	BELL, TRACY..... 1124
ATIENZA, PAMELA. ....292	BAMFORD, LAURA..... 1143	BELLA VISTA HEALTH CENTER..1464
ATIGA, SCHUBERT..... 659, 1423	BANDAK, DIANA..... 1591	BELLINGHAUSEN, AMY. 802, 1112, 1113
ATMAR, AKMAL..... 991	BANGS, SASHA. ....393	BELLO, OSAGIE.....491
AUSTIN, ANDREA.....801, 1111	BANKS, SARAH.....1324, 1515, 1516	BELVERUD, SHAWN. 1387
AUSTIN-PAGE, LUKAS. ....1257	BANSAL, PREETI.715, 740, 960, 1014, 1217, 1585, 1591, 1654	BEN-HAIM, SHARONA.639, 928, 1027, 1387
AVALLONE, THOMAS..... 1618	BAQIR, HUMA..... 1516	BENARD, ROBERT.....1061
AVIARA HEALTHCARE CENTER. 1460	BARBA, ARNEL..... 1097	BENCH, SHAWN..... 1378
AVILA, MICHAEL .....343	BARBA, DAVID. 702, 927, 1386	BENDER STERN, JULIA .....752
AVOCADO POST ACUTE. 1458	BARBADILLO, FERDINAND.292, 611, 612	BENITEZ, MARTHA.....493
AWDISHO, ALAN..... 320	BARBADILLO, TERESITA..... 390	BERGEN, SOPHEA..... 1307
AWDYKOVYCH, MARTA .....527	BARLEBEN, ANDREW.....926, 1385	BERGERON, PATRICK. 916, 1366
AWWAD, REEM..... 905, 1339	BARMAN, PRANAB. 821, 1140	BERGGREN, ERICA. 606
AYELE, MAHOGANY..... 1431	BARNARD, LUKE 944, 989	BERGMARK, JAMIE..... 1592, 1655
AYON MARTINEZ, CARLOS..... 627	BARNES, LAURA..... 832, 1158	BERMAN, ZACHARY..... 905, 1339
AYSON, NICOLE. 527	BARNES, RYAN. ....1377, 1378	BERNADETT, ALEX..... 1124
AZIMI, AYSUN.....527	BARRIOLA RUBARTH, RODRIGO.824, 1147	BERNARDO, RACHELLE..... 576
B		
BACHARACH, REBECCA 456, 622	BARRY, JEFFREY..... 802, 1111, 1112	BERNETICH, MEGHAN.....1431, 1432
BAEK, KILHYO.....394	BARTZ, BRYAN. ....1365, 1366	BERUMEN, JENNIFER..... 1379
BAEZ, BEATRICE.....380	BARTUCH, VANIA. 1505, 1506, 1557	BESTERFELDT, LYDIA. 424
BAGBY, JESSICA 698, 801, 1111	BASS, GURGIANA..... 1325, 1517	BHAGAN, SHANNA. 545
BAGHOUMIAN, MARINEH..... 1618	BAUM, PETER.....264, 586, 635	BHATIA, SHAGUN.716, 741, 960, 1014, 1218, 1585, 1592, 1656
BAHRAMZI, MARIA 456, 457	BAUMAN, LAURA..... 1132	BHATTACHARJEE, RAKESH.1289, 1290
BAI-TONG, SHIYU..... 711, 840, 1176	BAUMANN, DANIELA.1563, 1577, 1585, 1592, 1606, 1619, 1639, 1655	BIALOSTOZKY, MARIO..... 1258
BAILEY, JACOB..... 903, 1333, 1334	BAUTISTA, LUIS.....260, 457	BICKLER, STEPHEN..... 1395
BAILONY, AHMAD..... 390	BAXTER, SALLY. 858, 1217, 1218	BIFFL, SUSAN.....976, 1305
BAILONY, MOHAMMED..... 390		BILLINGTON, KATHERINE..... 1098
BAIN, NATALIE. 457		BILOTTA, NATALIE. ....1062
BAIOU, MOHAMED..... 620		
BAISLEY, SHAWN.....262, 356		

BINDER, NICHOLAS.1563, 1578, 1593, 1619, 1639, 1656	BREEDLOVE, AMANDA.....1517	BUSH, KELLY.....1283
BINETTE, DONYA.....395, 998	BRIED, JAMES.....1039	BUTLER, KELLEY.....1420, 1421
BIRCH PATRICK CONV CTR.....1457	BRIGGS, BENJAMIN.....1283	BUTLER, KIM.....1578
BISHOP, MELISSA.....457	BRIGHTON PLACE SAN DIEGO...1467	
BISSET, LOGAN.....905, 1340	BRIGHTON PLACE SPRING VALLEY.....1470	c
BLACK, NICHOLAS.....802	BRION, SONJA.....340	CABADING, DOREEN.....305
BLAKE, GARY.....508, 1204	BRIONES-COLMAN, FELICIA.....493	CABALLERO, JAMES.....448, 765
BLANCHARD, DANIEL.....708, 835	BRODERICK, RYAN.....1379	CABALLERO, NOE.....1517, 1518
BLAND, JACELIS.....1030, 1409	BRODSKY, MARK.....459	CABANISS, SCOTT.....770, 1042
BLASKIEWICZ, DONALD.....640, 928	BROOME, HELEN.....881, 1244	CABARLO, JEHRIB.....528, 612
BLISS, MORGAN.718, 744, 962, 1019, 1228	BROUDY, ABRAHAM.....293	CABRAL, ALEJANDRA.....1409
BLOCKER, NIRIT.....558	BROWN, BRANDON.....313, 459	CABREJOS, CLAUDIO.....1551
BOCK, MATTHEW.....1251	BROWN, DARCIE.....1517	CAGE, DORI.....1386
BODIFORD, SAMANTHA.....458	BROWN, REGINA.....1009, 1412	CAINE, SAMUEL.671, 947, 948, 991, 992
BOECK, CARL.....1657	BROWN, TERESA.....906, 1341, 1342	CALAME, ANTOANELLA.....1107
BOEHMER, ALEXANDRA.....917, 1366	BROWN, VICTORIA.....1062	CALANDRA, JOAN.....951
BOEING, KRISTINA.....1098	BROWNLOW, ROY.697, 728, 996, 1030, 1031	CALDERON, JORGE.....599
BOLER, AMBER.....997, 1408	BRUBAKER, ALEAH.....1380	CALHOUN, CHANELLE.....412
BOND, KIMBERLEE.....1216	BRUECKNER, TAMMIE.....887, 1308	CALIFANO, JOSEPH.....863, 864, 1229
BONE, SAMUEL.....906, 1340	BRUHN, JOSHUA.....314	CALLAGHAN, KATHRYN.....1518
BONSU, BEMA.....391, 527	BRUNO, KELLY.....770, 1042	CALLAWAY, MALLORY.....1363
BOOTH, CHRISTOPHER.897, 898, 1492, 1493	BRYL, AMY.....1258	CAMACHO, BENJAMIN.....985, 986
BORDIN-WOSK, TALYA.....824, 1147	BUCKNER, JOSEPH.....616	CAMERON, MELISSA.....752, 1295
BOROK, ZEA.....832, 1159, 1160	BUECHNER, CHARLENE.287, 326, 373, 508, 509, 510, 623	CAMP, ANDREW.....1218
BORQUEZ, ALEJANDRO.....965, 1251	BUENROSTRO, CHRISTINA..782, 1063	CAMPA, PATRICIA.....695
BORREGO MEDICAL CLINIC.....21, 22	BUI, ANH.....1063	CAMPBELL, BRIANNA...381, 460, 1125
BORREGO MEDICAL CLINIC, .....263	BUI, CHRISTOPHER.....1390	CAMPBELL, PATRICK.....753
BORSAN, COSMIN.....586	BUI, JACK.....881, 1245	CAMPBELL, SARA.....1258
BORTNER, ADAM.....458	BUI, JONATHAN.....712, 1186, 1187	CAMPOS, MELISSA.....274, 587
BOSTON, LAURA.....272, 447	BUI, MAI.....1105	CANLAS, AVELINO.....381
BOULDER CREEK POST ACUTE..1466	BUI, QUAN.....835, 1164	CANO, SARAH.....1043
BOUTELLE, AMY.....781	BUI, TINA.....1620	CANTU, ALICIA.....1295, 1296
BOUTELLE, KERRI.....898, 899, 1493	BUKATA, SUSAN.....931, 1390	CANTU-REYNA, GUILLERMO.389, 506
BOYD, LISA.....886, 1307	BULLOCH, EDGAR.....326, 366	CAO, STEPHANIE.....1657
BOYS, JOSHUA.....935	BULLUM, ANTHONY.....763, 951	CAPETANAKIS, ELENI.....293
BRADY HOME.....1465	BULOW, KWI.....1423	CAPOZZI, JENNIFER.....782, 1063
BRADY, KATELYN.....781	BUNOSKY, ABIGAIL.....917, 1366, 1367	CARDINELL, ANNA.....704, 1432
BRADY, PATRICIA.....458	BURGAMY, ELIZABETH.....267	CARDONES, ARTHUR.....622
BRANCH, CODY.....906, 1341	BURNS, DELLA.....424	CARETHERS, JOHN.....814, 1132
BRAVERMAN, IRA.....388	BURROWS, TERENCE.....796, 1098	CARLO HOUSE.....1470
BRAYTENBAH, MELANIE.....642	BURROWS, WILLIAM.....452	CARLSON, BLAKE.....906, 1342
BRAZIER, SETH.....671, 1036	BURTON, LUCAS.....459	CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR.....1467
		CARMONA, RUBEN.....674, 948, 1336

M. فهرس الرعاية الأولية

CARNEY, AMY.....	342	CEVALLOS, JAMES.....	382, 588	CHENG, KAREN.....	907, 1343, 1344
CARR, MIANDA.....	607	CHA, DANIEL.....	1568	CHENG, YU-TSUN.....	979, 1391
CARRERA, JORGE.....	350	CHAIN, PEI CHI.....	661, 1658	CHERRY, REENA.....	887
CARRIEDO-CENICEROS, MARIA.381,		CHAIT LLAMAS, LWBBA.....	612	CHERY, FARAH.....	275
460, 587		CHAKRABARTI, PRIYA.288, 326, 374,		CHESHER, NICHOLAS.899, 1325, 1493,	
CARRILLO, MARITZA.....	273, 645	512, 513, 624		1519	
CARRION GELABERT, ANA...643, 685		CHALMERS, VIRGINIA.....	1507	CHEW, WESLEY.....	1620
CARROLL, JEANNE.....	1176	CHAMBERS, KATRINA.....	704	CHEWNING, RUSH.....	1344
CARSON, LATISA.....	607	CHAMPAGNE, ALLISON.....	1105	CHIARAPPA, FRANK.....	932, 1391
CARSON, STEPHEN.....	528	CHAN, ANDY.....	494	CHIEN, PEI.....	917, 918
CARSWELL, AIMEE.....	907, 1342, 1343	CHAN, CHI-BEW.....	771, 1043, 1044	CHILAKA, SAMUEL.395, 396, 999,	
CARTER, CAITLIN.....	1288	CHAN, KWOK FUNG.....	1570, 1578	1000, 1432	
CARTER, KHALIL.287, 326, 374, 510,		CHANDRADAS, SAJIV.....	494	CHILDERS, DIANA.....	822, 1141
511, 512, 623		CHANG, AMY.....	453	CHISHOLM, KAREN.....	1570
CARTER, NATASHA.....	453	CHANG, EDWARD.....	637, 664, 1230	CHISWICK, GARY.....	576, 577
CARVALHO, DANIELA.962, 1229, 1230		CHANG, JOHANNA.....	723, 1293	CHITKARA, PUJA.....	681
CASA PACIFICA ADHCC.....	1477	CHANG, TOM.....	1586, 1593, 1620	CHOATE, BERNADETTE.....	1064, 1065
CASAS, TAMARA.....	954, 1113	CHANTALA, ELIZABETH.....	1064	CHOI, JIHOON.....	932, 1391
CASEY, SHANNON.....	694, 695, 1483	CHARP, KENNETH.....	338	CHOI, KENNY.....	513
CASILLAS BERUMEN, SERGIO.682,		CHASE AVENUE FAMILY HEALTH		CHOI, MIN.....	1503, 1519
758, 1380, 1381		CTRS INC.....	62, 63	CHOI, NATHALIE.....	799, 1101, 1102
CASTANER, ZALYA.....	344, 627	CHASE AVENUE FAMILY HEALTH		CHONG, AMY.....	1296
CASTELLANO, TIFFANY. 802, 1113, 1114		CTRS INC,.....	318	CHOO, SUN.....	1021, 1258, 1259, 1283
CASTELLANOS, JOEL.....	777, 1050	CHASE, AVA.....	425	CHOU, BILL.....	460
CASTELLANOS, LUIS.....	1052, 1053	CHAU, PETER.....	1251	CHOU, SUSANNA.....	1421
CASTELNOVI, CLAUDIA.....	528	CHAU, VIVIAN.....	1593	CHOW, BYRON.....	352
CASTILLEJOS, DAVID.....	1570	CHAUSSE CASTRO, EKATERINA...582		CHOW, MAN HUNG.....	601
CASTILLEJOS, MARIA.....	1570	CHAVEZ, ALEXANDRIA.....	1064	CHRISTENSEN, PATTI.....	1487
CASTILLO, PATRICIA.....	546, 1308	CHAVEZ, LUIS.....	646, 688, 1133	CHRISTIE, PATRICIA.....	763
CASTILLO, STEPHANIE.....	587	CHAVEZSANTOS, MARIA.....	636	CHRISTY, TYLER.....	396
CASTLE MANOR NURSING AND		CHEATHAM, BRITTANY.....	1064	CHU, CHRISTOPHER.721, 751, 972,	
REHABILITATION CTR.....	1464	CHEN, ALESSANDRA.....	1107	1025, 1280	
CASTLEBERRY, DANI.....	1479, 1480	CHEN, ALICE.....	803, 812, 1114, 1125	CHULA VISTA FAMILY HLTH CTR.38,	
CASTRO, LIZA.....	1487	CHEN, ANDREW.....	733, 1033	39, 40, 41, 42, 43, 44, 45, 46, 47	
CATES, DANIEL.....	1230	CHEN, EILEEN.....	529	CHULA VISTA FAMILY HLTH CTR, .	
CEBALLOS, JACQUELINE.....	1518, 1519	CHEN, JAMES.....	494	.....	283
CELAYA, PATRICIA.....	673, 1480	CHEN, JENNIFER.....	529	CHULA VISTA PEDIATRICS.....	25, 26
CELESTIN-RAMSEY, AKANKE.....	424	CHEN, KATIE.....	999	CHUN, HYUN.....	461
CELIZ, ADRIANA.....	582	CHEN, LESLIE.....	1658	CHUNG, SUEMIN.....	1065
CENTRO MEDICO EL CAJON.64, 65,		CHEN, MARGARET.....	351	CHWA, JEFFREY.....	681
66		CHEN, TONY.....	1405	CIDAMBI, EMILY.....	1028, 1391, 1392
CENTRO MEDICO EL CAJON,.....	318	CHEN, TSUH-YIN.....	285, 600	CIOBANU, COSMINA.....	1519, 1520
CENTRO MEDICO ESCONDIDO, ..349		CHEN, YU-WEI.....	818, 1138	CISZEK, ALEXANDRA.....	1000
CERNELC-KOHAN, MATEJKA.722,		CHENG, BRANDON.674, 675, 766, 993		CLAPP, MEGAN.....	360
1290		CHENG, GEORGE.....	825, 1148	CLARY, BRYAN.....	924

CLAY, CORRIE.....	367, 946	COTTONWOOD CANYON	DANESHMAND, SHAHRAM.....	608
CLEMENT, LUIS.....	1325, 1520	HEALTHCARE CENTER.....	DANG, ERIC.....	1367
CLEMENTINO, NANCY.....	341	COUGHLIN, DAVID.....	DANG, KAYLEE.....	1368
COBB, DAMON.....	1035	COULLAHAN, JESSICA.....	DANG, LAUREL.....	1126
COBIAN, VANESSA.....	344	COUNTRY HILLS HEALTH CARE	DANG, TIMOTHY.....	1107
COBLENTZ, IAN.....	771, 1044	CENTER.....	DANIELS, SARAH.....	414
COCKERHAM, KIMBERLY.....	1575, 1620	COUNTRY HILLS POST ACUTE.....	DAO, MARC.....	1442
CODEN, DANIEL.....	1606	COUNTRY MANOR LA MESA	DAPPEN, AMANDA.....	462
COFFEY, CHARLES.....	864, 865, 1230,	HEALTHCARE CENTER.....	DASCENZO, EMILY.....	339
1231		COX, VICTORIA.....	DASGUPTA, DEBORSHI.....	580, 581
COHEN, CARA.....	352	COYNE, CHRISTOPHER.....	DAVE, SHRAVAN.....	814, 1133
COHEN, MANSOUR.....	1204	CRAFT, KEVIN.....	DAVID, MARVIC.....	547
COLEMAN, BROOKE.....	1603, 1658	CRANDAL, BRENT.....	DAVIDSON III, JOHN.....	671, 672, 992
COLEMAN, LORI.....	674, 757, 948, 1336	CRANE, CLARKSON.....	DAVIES, SUMMER.....	783, 784, 1067
COLEMAN, PAGE.....	1065	CRAWFORD, ELWARD.....	DAVIES-UPPAL, ALLISON.....	425, 1067
COLLINS, CATHLEEN.....	665, 746, 965,	CRAWFORD, MICHAEL.....	DAVIS, CHARLES.....	588, 589
1020, 1248, 1249		1259, 1260	DAVIS, CHRISTOPHER.....	746, 965, 1252
COLLINS, RESENIA.....	857	CRAWFORD-DAY, ANN.....	DAVIS, DEIRDRE.....	462
COLLINS, WILLIAM.....	461	CRAYCHEE, LEO.....	DAVIS, JADE.....	1659
COMUNALE, RODERICK.....	988	CRIFE, TAYLOR.....	DAVIS, JANET.....	1067
CONDEZ, EDSSEL.....	336, 546	CRISOL, CAROLINE.....	DAVIS, KELLE.....	636, 647, 683, 689, 1138
CONE, STEPHANIE.....	332, 391, 529	CROSS, JOHN.....	DAVIS, MORGAN.....	524
CONNER, PAMELA.....	782, 783, 1066	CRUZ RODRIGUEZ, JOSE.....	DAY, CHRISTOPHER.....	391
CONNOR, CAROLINE.....	783, 1066	CRUZ, GUADALUPE.....	DE DIOS, SARAH JANE.....	643, 685, 784,
CONNOR, JEFFREY.....	1603	CRUZ, MICHAEL.....	1067	
CONRAD, HEATHER.....	1259	CRUZ, VANESSA.....	DE LA CRUZ, ALEKSANDRYA.....	643,
CONRAD, RANDALL.....	1621	1559	686	
CONSTANTINO, STEPHANIE.....	622	CSAPOCZI, PETER.....	DE LA ROSA, JOSE.....	601
CONTRERAS, LORETTA.....	546	CUMMINGS, GEORGE.....	DE MIK, TRAVIS.....	288, 327, 374, 513, 514,
COOKISH, DAVID.....	887	303, 339, 558	624	
COOPER, MICHAEL.....	1603, 1658	CUMMINS, ANDREW.....	DEACON, CASSIE.....	1521
COPELAND, ARDETH.....	631, 1441	CUNNINGHAM, ISIS.....	DEAN, MOENA.....	1564, 1579, 1586, 1606,
CORBIN, DAVID.....	620	CUNNINGHAM, STEPHANIE.....	1621, 1640, 1659	
CORDES, WILLIAM.....	529	CURET, ZULMA.....	DECAMPS, SCARLETT.....	811, 1120
CORDOBA, MIGUEL.....	293	CURLEY, EDWARD.....	DECARLI, TASIA.....	397, 398
CORMAN, DANIEL.....	314, 462	CURRAN, BRIAN.....	DECONDE, ADAM.....	865, 866, 1231, 1232
CORONADO, MYRNA.....	264, 588	CYMBALUK, ANNA.....	DEIS, CRISTINA.....	645
CORRY, ANDREA.....	311	CZYPULL, MONICA.....	DEISS, ROBERT.....	1143
CORTEZ, AARON.....	1367		DEL VECCHIO, MEGAN.....	1068
CORTEZ, JAIME.....	1439	D	DELCAMPOCASANELLES, MIGUEL.....	1137
CORVINI, NICOLAS.....	753	DABU, LISA.....	DELCORE, LAURA.....	713, 849, 850, 1204,
CORY, ALLISON.....	397, 1433	DAHMS, ERIC.....	1205	
COSINO, ANJELICA.....	1066	DAIRO, BRANDON.....	DELRE, AMANDA.....	360
COSTELLO, MARK.....	1367	641, 728, 729, 997,	DELRE, ANGELO.....	1260
		1051		
		DALAL, PRITHA.....		
		976, 1305		
		DALUGDUGAN, ESTHER.....		
		588, 1421		
		DAMANI, SAMIR.....		
		777, 836, 981, 986		

DELROSARIO, GELEN.....	988, 989	DONALDSON, CHADWICK.....	638
DELROSARIO, PAMELA.....	841, 1176	DONG, TAMMY.....	294
DEMASCO, MICHAEL.....	888	DONOFRIO-ODMANN, JOY.....	1261
DEMESSIE, RAHEL.....	425	DORINGO, ELAINIE.....	294
DEMLINGER, GLENN.....	1692	DORN, TIA.....	372
DEMOOR, PATRICIA.....	888	DORUELO, ASHLEY.288, 327, 374, 514,	515, 624
DENTICO-OLIN, MARC.....	1228	DOSHI, AMI.....	1297
DEPAOLO, AMANDA.....	1554	DOSHI, NEELIMA.....	353
DERISSI, DANA.....	1308	DOSS, KATIE.....	1522, 1523
DEUTSCH, KAREN.....	1068	DOUGHERTY, CHRISTINE.1508, 1559,	1560
DEVERA, GEMMIE.....	666, 967, 1260	DOVE, KATHERINE.....	1188
DEWOLF, SEAN.....	832, 1160	DOWNEY, NANCY.....	686
DHARKAR-SURBER, SAPNA...377, 425		DOWNTOWN FAMILY CTR AT	
DIAMOND NEIGHBORHOODS		CONNECTIONS.....	191, 192, 196
FAMILY HLTH CTRS INC.169, 170, 171,		DOWNTOWN FAMILY CTR AT	
172, 173, 174, 175, 194, 195, 196, 208, 209,		CONNECTIONS,.....	482
210		DRAME, SALWA.....	547
DIAMOND NEIGHBORHOODS		DRIEBE, AMY.....	714, 850, 1205, 1206
FAMILY HLTH CTRS INC,.....	482	DRISCOLL, KARRIE.....	785, 1069
DIAZ, JAENAI.....	1521, 1522	DRISCOLL, SUSAN.....	305
DICKERSON, ANDREW.721, 751, 973,		DROKER, BRIAN.....	637
1280		DSOUZA, NICOLE.....	1523
DIEP, KEVIN.....	495	DU, SARAH.....	1308, 1309
DILLON, BENEDICT.....	601	DUARTE, KRISTEN.....	899, 900, 1494
DILLON, MAYRA.....	382	DUARTE, ZULMA.....	1040
DIMAIRA, FRANCESCA.....	784	DUBE, AMANDA.....	940, 1142
DING, HILDA.....	1284	DUBE, BIANCA.....	260
DINH, MY.....	608, 609, 1424	DUENAS RUIZ, KAREN.....	589
DIOKNO, RHODA.....	1325, 1522	DUFFIELD, GARY.....	997, 1429
DISTEFANO, KIMBERLY.703, 779,		DUMMER, KIRSTEN.....	965, 1252
1056, 1057		DUNN-PIRIO, ANASTASIE..1188, 1523	
DIXON, SARAH.....	530	DUONG, CHERYL.....	1604, 1660
DJEKIC, KRISTINA.....	825, 1148	DUONG, KIM.....	1593, 1660
DO, HULBERT.....	1412, 1413, 1428	DUONG, MAI.....	320
DO, STEPHANIE.....	967, 1261	DURAN, EDWARD.....	703
DOAN STEPHENS, CRYSTAL.491, 1296		DURNAN, CASSANDRA.682, 758,	
DOAN, ANGELA.....	1069	1372, 1373	
DOAN, CHINH.....	421	DUSTIN, ADAM.....	725
DODGE, JOHN.....	495	DWYER, ERIN.....	704, 1069
DOKICH, SRETENKA.....	362	DY, DIANE.....	275
DOLLAND, STEVEN.....	796, 1099	DYER, SHARON.1564, 1579, 1586, 1607,	
DOLNAK, DOUGLAS.....	1522	1621, 1622, 1640, 1660	
DOMINGUEZ, DENNIS.....	314		
DOMINGUEZ, FERNANDO.....	496		
DON, MICHELLE.....	881, 882		

E

EAGLE, SONJA.....	803, 1115
EARLEY, SAMANTHA.....	1297
ECLARINO, GALELEO.....	1070
EDMONDS, ERIC.....	759, 1392
EDNACOT, KARYNNE.....	1070
EGAN, KAITLYN.....	900, 1494
EICHEN, DAWN.....	900, 901, 1495
EICHENFIELD, DAWN.....	1255, 1256
EISENSTEIN, SAMUEL.....	1373, 1374
EKANAYAKE, PREETHIKA.....	1120
EKHOLM, JANNA.....	1102
EKPENYONG, ATIM.....	1261
EL CAJON ADHC.....	1475
ELKIND, JAE.....	882
ELLEDGE, LINDSAY.....	1495
ELSAIED, MOHAMMED.....	276
ELSTER, JENNIFER.....	1284
EMERUWA, UKACHI.....	838, 1168, 1169
EMPIE, KRISTEN.....	367
ENCINITAS NURSING AND REHAB	
CTR.....	1460
ERICKSON, LISA.....	1070, 1071
ESCONDIDO CARE CENTER.....	1460
ESCONDIDO FAMILY HEALTH	
CENTER,.....	349
ESKANDER, RAMEZ.707, 817, 1010,	
1440	
ESPERANZA, MELIZZA.....	1523
ESPINOSA-SILVA, YAMINAH.403,	
404, 629	
ESTAVILLO, SAUL.....	1524
ESTRADA, JOHANNA.....	589
EVERETT, ELIZABETH.356, 357, 398,	
399	
EXODUS RECOVERY INC.1700, 1701,	
1702	

F

FABELLA, GABRIEL.....	496
FADARE, OLUWOLE.....	878, 1243
FAIRBANKS, TIMOTHY.726, 978, 1029,	
1381	
FALLBROOK FAMILY HLTH CTR....	85
FALLBROOK SKILLED NURSING.1461	

FAMBRO, CYNTHIA.....463	FAMILY HLTH CTR SD HILLCREST, .	FORZANI, CHRISTINA.....1326, 1525
FAMILY HEALTH CENTERS OF SAN	.....484	FOWLER, KATHRYN.... 908, 1345, 1346
DIEGO..... 1705, 1706	FARRIS, AMANDA..... 796, 1099	FOX, KENNETH.....1402
FAMILY HEALTH CTR IBARRA.187,	FARSHLER, ANTHONY..... 762	FRANK, ETHAN.718, 744, 963, 1019,
192, 193, 194	FATHER JOES VILLAGES..... 1706	1232
FAMILY HEALTH CTR IBARRA, .....483	FATLAND, SARAH..... 404, 405	FRANK, GUIDO.....1525
FAMILY HEALTH CTR OF SD- ELM ST,	FAZELI, SOUDABEH..... 907, 1344	FREDERICK, ALIYA.....1189
.....483	FEJLEH, ASHLEY.....771, 1044	FREEMAN, WANDA..... 562
FAMILY HEALTH CTR OF SDELM ST.	FEJLEH, MOHAMMAD..... 815	FRENETTE, CATHERINE..... 496
..... 187, 188	FELD, KEREN..... 1071	FRESNO, BLANCA.....295, 392
FAMILY HEALTH CTR SAN	FERMIL MITCHELL, YVONNE..... 1071	FRIEDMAN, JAIME..... 531
DIEGO-OAK PARK.....188, 189	FERNANDEZ LEYVA, JUAN CARLOS.	FRIENDSHIP MANOR NURSING AND
FAMILY HEALTH CTR SAN	.....269	REHABILITATION CTR.....1464
DIEGO-OAK PARK, .....483	FERRAILOLO, NATALIE.....344, 370	FRIESEN, TZYYNONG.719, 745, 963,
FAMILY HEALTH CTR SD NATIONAL	FERRANDO, CECILE.....850, 851, 1206	1020, 1232
CITY..... 97, 98, 99	FERRITER, STACY.....797, 1099	FRUGONI, GINA..... 1207
FAMILY HEALTH CTR SD NATIONAL	FIELDING, JOSEPH..... 558	FRY, LIANE.....1525
CITY, 386	FIGUEROA RODRIGUEZ, BRENDA.	FU, KATHERINE..... 1487
FAMILY HLTH CTR OF SD SAN	.....332	FUJII, CINDY..... 612, 1425
DIEGO COMMERCIAL.196, 197, 201,	FIGUEROA, CHRISTOPHER..... 950	FULL CIRCLE HEALTH NETWORK.
202	FINCH, CHRISTINA..... 1291, 1371	..... 1703
FAMILY HLTH CTR OF SD SAN	FINK, PATRICK..... 547	FUNARI, CHRISTOPHER..... 754
DIEGO COMMERCIAL, .....484	FINN, DAPHNA.....1496	FUNDINGSLAND, BRENT.....772, 1045
FAMILY HLTH CTR SAN DIEGO- CITY	FIREIZEN, YARON..... 1291	
COLLEGE, .....484	FIRESTEIN, CATHERINE..... 822, 1142	G
FAMILY HLTH CTR SAN	FIRESTONE, MICHELLE.....1326, 1524	GADDIPATI, KISHORE..... 489
DIEGO-BEACH AREA.197, 198, 199,	FISHER, JAY.....1262	GAFFEY, ANN.....926
200, 201, 205, 206, 207	FISHER, JENNIFER.....1363, 1364	GAINOR, GRETCHEN.....363
FAMILY HLTH CTR SAN	FISHER, SLOANE..... 1071	GALLARES, DANIEL..... 373
DIEGO-BEACH AREA, .....484	FISHMAN, ELENA..... 530	GALLEGOS, CYNTHIA.....426
FAMILY HLTH CTR SAN DIEGO-EL	FITZGERALD, MICHAEL.....1525	GALLO, LINDA.....673, 1480
CAJON.48, 49, 50, 51, 52, 53, 54, 55, 56,	FLANIGAN, MARILYN..... 1503, 1525	GALUST, HENRIK..... 803
57, 58, 64	FLEMING, DAVID.....376	GANDHI, SHEETAL.....363
FAMILY HLTH CTR SAN DIEGO-EL	FLEMING, JOHN.....1638, 1689	GANESAN, ANUSHA.....1284
CAJON, .....318	FLEMING, SARAH..... 652, 1176	GANTA, SRUJAN.....1403
FAMILY HLTH CTR SAN DIEGO-RICE	FLEMING, TARA.....333	GARA, NAVEEN..... 732
FAM HC..... 47, 48	FLETCHER, EMILY.....294	GARCIA CABRERA, ANA.....1381
FAMILY HLTH CTR SAN DIEGO-RICE	FLINN, SCOTT.....1033	GARCIA, CALVIN..... 797, 1100
FAM HC, .....284	FLORES, ERNEST.....295	GARCIA, CARLOS.....295
FAMILY HLTH CTR SAN DIEGOCITY	FLORES, JOE.....463	GARCIA, CATALINA..... 686
COLLEGE..... 157, 158	FLYNN, DANIELLE..... 1419, 1551	GARCIA, DEANA..... 547
FAMILY HLTH CTR SD HILLCREST.	FODDA, RAMI..... 561, 562, 1409	GARCIA, JENNI.....1167, 1526
159, 160, 161, 162, 163, 164, 165, 166, 167,	FONTANA, LOUIS..... 1554	GARCIA, JOHNNY.....306, 426
168, 169	FORCIER, NANCY..... 907, 1345	GARCIA, KARLA..... 276
	FORTUNE, ERIN..... 530	GARCIA, RAFAEL.....295, 392
		GARCIA, REGINA.....1409

GARCIA, RICHARD.....	1526	GOLDMAN, DAVID.....	660	GROSSMONT POST ACUTE CARE.	1463
GARCIA, ROSEMARIE.....	1485	GOLDSTEIN, EDWARD.....	609	.....
GARCIA, TEDAYSHIA.....	582	GOLDSTONE, ADAM.....	1594	GROSSMONT SPRING VALLEY	
GARFF, KEVIN.....	1687	GOLLOGLY, HEIDRUN.....	1622, 1641	FAMILY HLTH CTRS INC.244, 245,	
GARIBYAN, VARTAN.....	422	GOLU, CRISTIANA.....	1421	246, 247, 248, 249, 250	
GARNER, SARAH.....	1484	GOMEZ, DANIELA.....	609, 1424	GROSSMONT SPRING VALLEY	
GARTH, MELISSA.....	785, 1072	GOMEZ, JUANITA.725, 1327, 1486, 1527		FAMILY HLTH CTRS INC,	623
GEBAUER, HEATHER.....	888, 1309	GOMEZ, LESLIE.....	786, 787, 1073	GROVE, JAY.....	758, 1038, 1448
GEE, JENNIFER....	949, 1017, 1443, 1444	GONZALES, MICHELLE.....	304	GRUNVALD, EDUARDO.....	1148
GEHR, MARC.....	496	GONZALEZ, JUSTINE ARIEL.....	339	GUADARRAMA, IGNACIO.....	582
GENG, BOB.....	1249, 1250	GONZALEZ, LISA.....	797, 1100	GUALTIERI, CHRISTOPHER.....	1218
GENOVESE, KELLY.....	1000	GONZALEZ-GARCIA, CAROLINA.1554		GUAN, HOWARD.....	1687
GEORGE, BRUCE.....	1604, 1692	GOODRICH, ANDREW.....	804	GUERRA, JACQUELINE.....	620
GEORGE, JENNIFER.....	304	GOODWIN, RACHEL.....	799, 1102	GUIDI, CASEY.....	761, 1439
GEORGE, KENDALL.....	1604, 1692	GORDON, BRENT.....	1252	GUIDO-ESTRADA, NATALIE.959, 1190,	1201
GEORGIEV, MARY-JO.....	1419, 1551	GORDON, CHRISTOPHER.....	314	.....
GEPSHTEIN, YANA.....	447	GORDON, EMILE.....	908, 1346, 1347	GUITTARD, JESSE.....	698, 804, 1115
GERST, SCOTT.....	908, 1346	GORGES, RANDA.....	320	GULLY, MICHELLE.....	981
GERWER, JOHANNA.....	497	GORHAM, LAURA.666, 749, 1022, 1262		GULOTTA, SAMANTHA.....	1527
GHAFAARI, DAUOD.....	263, 314	GOSMAN, AMANDA.....	1395	GUNDOGDU, MELEK.....	1190
GHAHREMANI, SIMIN.....	296, 613	GOULD, HILARY.....	673, 1481	GUNTA, SUJANA.....	414
GHOLOPOUR, TAHA.....	845, 1189	GOVEA, ALAYN.....	836	GUNTHER, HOPE.....	799, 1103
GI, HUNG.....	616, 668	GOWDA, ASHWIN.....	701	GUPTA, ANUJ.....	1428
GIAMONA, KRISTEN... 1326, 1327, 1526		GOYAL, NIDHI.....	1280	GUPTA, MONIKA.....	657, 691, 1414
GIANFORTUNE, RACHEL.....	368	GRACE HOUSE.....	1472	GUPTA, VARSHA.....	531
GIANG, STEVEN.....	1661	GRANITE HILLS HEALTHCARE AND		GUTH, CARA.....	668, 1309
GIBONEY, JENNIFER.1262, 1297, 1298		WELLNESS CENTRE LLC.....	1458	GUTIERREZ, ANGELICA.....	497
GILANI, SAPIDEH. 866, 867, 1232, 1233		GRANT, REBEKAH.....	515	GUTIERREZ, TANIA.....	464
GILIBERTO, JOSEPH.... 449, 983, 1106		GRAVES, JENNIFER.....	1201		
GILROY, LAURA.....	1491	GRAY, IGA.....	1576, 1622		
GIORGI, ASHLEY.....	1072	GRAY, SARAH.....	531, 1298		
GIOVANNETTI, ERIN.....	786	GRAYSON, ANDREA.....	1073		
GIRGIS, CHERIF.....	463	GREAR MANN, MELISSA.....	799, 1103		
GISH, ROBERT.....	319, 388, 492	GREENE, JACQUELINE.867, 868,			
GLEASON ROHRER, GWEN. 463, 464		1233, 1234			
GLENN, TARA.....	1177	GREENWAY, HUBERT.....	262		
GOEB, YANNICK.....	932, 933, 1392	GREINER, ALEXANDER.....	720, 1250		
GOGGIN, SAMANTHA.....	531	GRIFFITHS, KENNETH.....	464		
GOH, REGINE.....	772, 1045	GRIFFITHS, LUKE.....	937		
GOLD, JEFFREY.737, 958, 959, 1189,		GRISSOM, MURRAY.....	909, 1347		
1190		GROGAN, BRIAN.....	1207		
GOLDEN HILL POST ACUTE.....	1467	GROSSMONT HOSPITAL.....	1452		
GOLDEN LIFE ADHC.....	1476	GROSSMONT HOSPITAL DP SNF.			
GOLDFINGER, SARAH.....	426	.....	1463		
GOLDING, IAN.....	1252				

H

HA, THU.....	426, 427, 1074
HACINAS, REYNALDO.....	342, 583
HAI, FAIZI.....	490
HALEY, JESSICA.....	720, 747, 1253
HALEY, STEVEN.....	449
HALGEDAHL, YI TING.399, 400, 628,	1433
HALPERIN, JASON.....	1441
HALVORSON, PAULA.....	762
HAMDAN, AYAD.....	818
HAMID, WAHIDA.....	306, 686
HAMILTON, LISA MARIE.345, 464, 465	
HAMILTON, ROSS..637, 737, 846, 1035	
HAMMETT, ERIN.....	285
HAMMOND, CHARLES.....	823, 1142
HAN, ANGELA.....	1410

M. فهرس الرعاية الأولية

HAN, FREDERICK.....952, 1051, 1052	HENDERSON, PHILIP..... 498	HOFFMAN, MICHAEL.....740
HAN, KYOUNG..... 1037	HENDERSON, TREVOR.....532	HOFFMAN, STEVEN.....1662
HAN, PAUL..... 497	HENDRIX, JEFFERSON.....465, 590	HOGAN, ROSELYNN JOY.....429
HAN, SULKI.....1579, 1623	HENLEY, MEARA.....563	HOGARTH, MICHAEL..... 825, 1149
HANLEY, LAUREN.288, 327, 375, 515, 516, 624	HENNEIN, LAUREN.716, 741, 961, 1015, 1219	HOGUE, BRENNNA..... 804, 1115
HANNA, LINDSAY.....787	HEPOKOSKI, MARK..... 833, 1160	HOLLANDSWORTH, HANNAH.924, 1381
HANNAWI, ANDREW.....1190	HERMAN, ANDREA.....613	HOLLICK, NATALIE.....296
HANNSUN, GEMMY..... 909, 1348	HERMANSON, KATHLEEN..... 638	HOLMER, ARIELA..... 815
HANONO, ABRAHAM..... 1606	HERMES, MARY.....559	HOM, DAVID..... 869, 870, 1234, 1235
HANONO, HELFON.....1605	HERNANDEZ, JESSICA.1001, 1002, 1433, 1434	HOM, GREGORY.....1662
HANSCH, ERNST..... 909, 1348	HERNANDEZ, MIRIAM.....1417	HOM-TEDLA, MARIANNE..... 851, 1208
HANSEN, LAWRENCE..... 879, 1243	HERNANDEZ, RALPH..... 590	HOMESLEY, SUSAN.....1653
HARKNESS, RUMIKO.....787, 1074	HERNANDEZ, SILVIA.....1527	HONG, DANA..... 1126
HARMIS, NATASHA.....616	HERSKOVITZ, SCOTT..... 1262	HONG, KIMBERLY.....769, 1040
HARPEL, SHERYL.....306	HEYMAN, BENJAMIN..... 819	HONOLD, JOSE.....1177, 1178
HARRINGTON, BARBARA LORRAINE..... 427	HIBBS, NICOLE.....532	HOO, PAMELA.....861, 1607, 1608, 1662
HARRIS, JEFFREY.....868, 869, 1234	HIETALATI, SAMANTHA.....841, 1177	HOOPER, BONNIE..... 636, 705, 1076
HARRIS, LAURA.....1488	HIGGINS, JOSHUA..... 723, 889, 1310	HOOPES, DAVID.....1337
HARRIS, PAMELA..... 401	HIGGINSON, MICHELLE..... 498	HOREISH, ADAM..... 654, 655
HART, BECKY.....427, 1074	HILDRETH, AMBER..... 1134	HORGAN, SANTIAGO.....925, 1382
HARTFORD, NICOLE.....631	HILL, CARLA.....619	HORIZON CBAS..... 1476
HARTMANN, PHILLIPP..... 1281	HILL, GENIELYN..... 428, 1075	HORIZON RECUPERATIVE CARE..... 1704
HARVEY, SCOTT.....851, 1207, 1208	HILL, LINDA.....556, 1126	HORKY, LAURA..... 910, 1349
HASAN, AWS..... 815, 1133	HILLCREST HEIGHTS HEALTHCARE CENTER.....1468	HORMOZDYARAN, SANAYA.....533
HASEGAWA, CHRIS..... 889, 1310	HILLDALE HABILITATION CENTER..... 1463	HORNBEAK, KIRSTEN...699, 805, 1115
HASHEM, SHIVA.....272	HILLIARD, THESALONICA....428, 1075	HORNEY, KRISTAN.....429
HASSANI, FARZANEH.....411, 412	HINCHCLIFF, KATHARINE.935, 1398, 1399	HORTON, LUCY..... 1144
HASTANAN, CAROL.....315	HINSHAW, PAUL..... 739, 1416	HOSALKAR, HETAL.....772
HASTIE, ELIZABETH.....1149	HIRSCH, JENNIFER..... 800, 1103, 1104	HOSEIN, NADEEN.....453
HATEFI, DUSTIN...758, 928, 1028, 1387	HIXSON, THOMAS..... 1623	HOSSEIN ZADEH MALEKI, ANA.657, 691, 1415
HATTANGADI-GLUTH, JONA.....1337	HO, AMIEE.....660, 1607, 1661	HOURIHAN, KEITH..311, 380, 449, 950
HAWKINS, MELISSA..... 1442	HO, HOANG.....1661	HOUSELY, ALEXIS..... 918
HAYDEN HOME.....1472	HO, LYSA.....421	HOWE, STEVEN..... 927, 979, 980, 1427
HAZELBAKER, PAUL..... 497	HO, MYLIEN..... 327	HOWELL, AMANDA.....401, 402
HEAD, KRISTIN.705, 729, 952, 1000, 1075	HO, TRAM.....1569	HOXMEIER, KRISTA.....547, 548
HEADLEY, ALISON..... 1191	HOANG, CHI.....428	HSU, CHRISTOPHER..1579, 1594, 1623
HEALTHY CONNECT SAN DIEGO..... 1703, 1704	HOANG, KENNY..... 1638, 1689	HU, JINGJING.....882, 883
HEFNER, ANNA.....428, 1075	HOANG, KEVIN.....1662	HUANG, GRACE.1564, 1580, 1594, 1608, 1624, 1641, 1663
HEINRICI, ALEKA.....465, 590	HOANG, VY.....333, 532	HUANG, MARIA.....1298
HEKMAT, RAZI.....388	HODGKIN, EDWARD.....315	HUANG, PETER.....1571
HELMY, MARWAH..... 910, 1349		HUBLEY, PAUL.....276

HUDSON, HENRY.944, 945, 1586, 1594, 1608, 1624, 1641, 1663	ISLAM, JULIE .....312, 454	JOHNSON, DANIEL .....361
HUERTA, STEVEN.1002, 1003, 1434, 1435	IVANOV, MARGARET .....825	JOHNSON, KENNADY .....1368
HULL, ANDREW .....709, 838	IYENGAR, RADHA .....268	JOHNSON, KENNETH .....647
HUNTER, JACOB...889, 890, 1310, 1311	IYER, VICTORIA.....787	JOHNSON, SHAWNA AKIKO.....430
HUNTER, WENDY.....363, 1263		JOLICOEUR, MEGAN.....813, 1127, 1128
HUPFELD, CHRISTOPHER.....707	J	JOMOC, CAITLIN.861, 1225, 1609, 1665
HURST, MICHAEL .....601	JABBOUR, MOUSSA .....826, 1149	JONES, CHRISTA .....788, 1077
HURVITZ, ANDREW .....933, 1393	JABRI, ZAIN .....321	JONES, SETAREH.....334
HUSSEMAN, JACOB .....870, 1235	JACKSON, DANA .....333, 376	JORDAN, JAMIE .....533
HUSTANA, LARA.....1608, 1609, 1663	JACKSON, GAVIN.....498	JOSHI, YASH.....1527
HUTCHISON, HEIDI.....699	JACKSON, MADELEINE.....1393	JOSHUA, JISHA .....903, 1334
HUYNH, CHI .....1664	JACOB HEALTH CARE CENTER LLC. .....1468	JOYCE, ROBERT.....1691
HUYNH, LOAN.....1664	JACOBS-KLEISLI, MILAGROS .....297	JU, NATHANIEL .....629, 1009, 1440
HUYNH, PAUL.....1219, 1220, 1664, 1665	JACOBSEN, BRADLEY .....1015, 1220	JUANG, PATRICIA .....811, 1121
HYLTON, DIANA.696, 772, 951, 1045, 1449	JACOBSEN, GARTH.726, 925, 1382, 1383	JUAREZ, AMERICA .....1481
	JACQUES, KAYLA .....846, 1192	JUAREZ, LETICIA .....338, 554
	JAFFRAY, JULIE .....1285	JUAREZ, PATRICIA .....533
	JAFFRAY, PAUL.....910, 1350	JULIAN, FIDES .....704, 780, 1057, 1058
I	JAIN, ALEXANDRA .....675	JUSTINO, HENRI .....1253
IBANEZ, BERENICE.....1426, 1554	JAINCHILL, AMANDA .....465	
IBANEZ, SIR CEDRIC .....266	JAMES, CHRISTINE .....1041, 1555	K
IBARRA, MARTHA.269, 583, 644, 1076, 1077	JAMISON, KAREN .....498	KADER, ANDREW .....1405
IBRAHIM, ISLAM.....833, 1161	JANNESARI, ROYA .....730	KAFRI, HASSAN .....325
IBRAHIM, MAGED .....354	JARDON, JAVIER .....330	KAHL, NICHOLAS.....259, 342
IGNACIO, ROMEO.....1382	JAZAYERI, AMIR.....973, 1281	KAHLY, BROOKE .....1488
IKE, ERICA.....621, 1426	JEFFERIES, KATHLEEN .....1216	KAKAIYA, ROSHNI.....286
ILCHENA, ALESANDRA .....450	JENKINS, ENCHANTA.....610	KALBAKJI, NATALY.1564, 1587, 1595, 1609, 1625, 1642, 1665, 1666
IMAM, SYED.....1419, 1552	JENNINGS, AMY .....1555	KALRA, ANKUR.....1571, 1642, 1690
IMPERIAL BEACH HEALTH CENTER. .....86, 1698, 1705	JENSEN, BRIAN .....1027, 1509	KAMDAR, BIREN.....833, 1161
IMPERIAL BEACH HEALTH CENTER, . .....361	JEWISH FAMILY SERVICE OF SAN DIEGO .....1714	KAMOTO, LYNN.....616
IMUS, PAUL .....368	JJ, AMANDA .....626	KANNAN, SWATI .....1107
INDA, PRISCILLA .....302, 669, 693	JIANG, WEN .....745, 963, 1236	KANSAL, LEENA .....847, 1192, 1193
INDRA, SEAN .....968, 1263	JIMENEZ, ANDREA.675, 676, 766, 993	KANTAS, PARIS.....583
INGULLI, ELIZABETH .....1288	JIMENEZ, CLARIBEL .....1039, 1411	KARANDE, PRACHI .....676, 766, 994
INOCELDA, ANDREW .....638	JIMENEZ, KRYSAL .....277	KARAPETIAN, ELENA .....1595
INSTONE, SUSAN.....430	JIMENEZ, NANCY .....1555	KARCHES, KELLI.....499
INTERFAITH COMMUNITY SERVICES. .....1697	JIMENEZBACARDI, ADRIA.....1299	KARI, ELINA.870, 871, 872, 963, 964, 1236, 1237
IRAGUIMADOZ, VICENTE.846, 1191, 1192	JINDAL, ANUJA.712, 737, 958, 1013, 1299	KARMAKAR, KANKA .....534, 1299
ISAIAS, AGNELA .....296	JOHN, MIRA .....833, 1161	KASAI, SARAH.....1652
ISHIMINE, PAUL.....1263	JOHN, TANNER .....1127	KASAWA, JOHN .....315
	JOHNSON, CHRISTINE.....1031	KATIBIAN, DAVID .....1281
	JOHNSON, CHRISTOPHER.1638, 1689	KATZ, YISRAEL .....826, 1149
		KATZMAN, BARRY.1565, 1580, 1625, 1643, 1666

KATZMAN, LEE.....1576, 1625	KIDDER, BRENDAN..... 466	KRAUSE, MARTIN.697, 776, 952, 1050, 1449
KAUFER, DAVID..... 602	KIM, JENNY.....1572	KRESHAK, ALLYSON..... 805
KAUFHOLD, ANNE.260, 264, 466, 591	KIM, JIUN.....286	KRIJGER, LISA..... 499
KAUFMAN, JENNIFER..... 466	KIM, JOHN.....1215	KRISHNAMURTHY, MEENAKSHI.674, 993
KAUNITZ, GENEVIEVE.....1108	KIM, MICHAEL..... 1017, 1018, 1444, 1445	KRUCKENBERG, KATHERINE.1529, 1530
KAUR, JATINDER..... 345, 418	KIM, MICHELLE.....1036	KU, JUSTINE.....1530
KAZEM, AHMAD..... 450	KIM, PHILIP.861, 1226, 1596, 1610, 1611, 1668	KUGEL, SAMUEL..... 1504
KAZEM, HARON.....272	KIM, YUHEE..... 373	KUIOKA, TROY..... 340
KEARNS, MARK..... 935, 936	KIMMCMANUS, OLIVIA.713, 738, 960, 1193	KULASA, KRISTEN..... 811, 1121
KEDDINGTON, JOAN. 1571, 1643, 1690	KINDRED HOSPITAL SAN DIEGO..... 1452	KULISCHAK, JOHN.....1611, 1669
KEEN, WILLIAM..... 777	KING CHAVEZ HEALTH CENTER.122, 123, 124	KUMAR, AVNEE.....978, 1450
KEFLEZIGHI, BAHGHI..... 466	KING CHAVEZ HEALTH CENTER, .484	KUMAR, SOMA..... 1134
KELCHNER, MATTHEW.....260, 619	KING, MARY..... 1572, 1644, 1690	KUO, DENNIS..... 1285
KELLEHER, BRIDGET.357, 358, 402, 629, 761, 1004, 1435, 1436	KINGDON, JOANNA. . 968, 1022, 1264	KUPELIAN, CHLOE.....940, 1142
KELLER, BENJAMIN.....1396	KIRKLAND, STEPHANIE.....358	KUROSAKA, MOMO..... 1128
KELLOGG, KRISTEN..... 306	KLAREN, AMANDA.....1596, 1669	KURZ, TROY..... 1481
KELLY, KATHERINE.....1008	KLEIN, DAVID..... 852, 1208	KUSNEZOV, NICHOLAS.683, 933, 1394
KELNER, MICHAEL..... 885, 1247, 1248	KLINE, LANNING..... 1220	KUTZ, CRAIG..... 805, 806, 1116
KEMP, KATHRINE..... 430, 1077	KLING, KAREN.727, 760, 979, 1030, 1396, 1397	KVIATKOVSKY, MILLA. .826, 827, 1150
KESANAPALLI, DEEPTHI..... 534	KLUEMPER, NICOLE...1327, 1528, 1529	KWAK, ANGELA..... 1596
KESHAVARZI, SARA.....730	KNUTSON, THOMAS..... 759	
KETCHEL, CLINT.....405, 406, 630	KOBAYASHI, KAREN.....1424	L
KEUM, SARAH.....644	KODSI, ALICIA.....334	LA COSTA HOUSE.....1457
KHAFAJA, MOHAMAD.....1496, 1528	KOHATSU, KAREN.....1209	LA FUENTE POST ACUTE.....1472
KHALEEL, AMMAR..... 1479	KOHOUT, KATHRYN.....1410	LA JOLLA NURSING AND REHAB CTR..... 1462
KHALIGHI, PAYMAN..... 1667	KOLAR, MATTHEW.....1108	LA MAESTRA CHC EL CAJON BROADWAY..... 58, 59, 60
KHALIL, VADY.1565, 1580, 1587, 1595, 1610, 1626, 1643, 1667	KOLB, FREDERIC.....1399, 1400	LA MAESTRA CHC EL CAJON BROADWAY, .....318
KHAMISA, SORAIYA..... 1528	KONDILI, DHIMITER..... 911, 1351	LA MAESTRA CHC-REA AVE, .....318
KHAMISHON, BORIS.....1193	KOO, ANITA.661, 692, 743, 744, 990, 991	LA MAESTRA COMMUNITY HEALTH CENTERS.1696, 1699, 1700, 1701, 1702, 1707, 1708, 1709, 1710, 1711, 1712
KHAN, ALIYA.....328	KORMANIK, PATRICIA..705, 788, 1436	LA MAESTRA FAMILY CLINIC INC.60, 61, 62, 99, 100, 101, 185, 186, 189, 190, 191
KHAN, FAHAD.....1667	KORSAND, SID..... 297	LA MAESTRA FAMILY CLINIC INC, . .....319, 386, 485
KHAN, MATTHEW.....431	KOSEL, MATTHEW..... 577	LA MESA HEALTHCARE CENTER.....1463
KHAN, SHAHFAR.....1264	KOTHA, PURUSHOTHAM..... 938	
KHANNA, ARJUN.....929	KOTHA, ROSHAN..... 948	
KHANNA, POORNIMA..... 499	KOUSARI, JHALEH..... 563, 564	
KHARE, MANASWITHA..... 1300	KRAK, MICHAEL.....632, 1264	
KHATIB, NORA.....1220	KRAMER, MELISSA..... 414	
KHIEU, TINA.1565, 1580, 1587, 1596, 1610, 1626, 1627, 1644, 1668	KRAPES, MICHAEL.....1027, 1509	
KHINDA, SUNEHA..... 1604, 1668		
KHURANA, AMAN.....911, 1350, 1351		
KI, TRISH..... 431, 1077, 1078		
KIDANE, ZINNIA.....1078		

LA MESA PEDIATRICS.....86, 87, 88	LE, NGUYEN.....534	LI, XIA.....1497, 1531
LA MESA PEDIATRICS, .....365	LE, TAM.....1597	LIBERTANA HOME HEALTH OF
LA PALOMA HEALTHCARE CENTER. ....1465	LE, TAYLOR.....694	SHERMAN OAKS.....1718
LACH, REBECCA.....277, 467	LEBENSCHN CHIALVO, FLORENCIA. ....1328, 1530	LIEBER, CAROL.....263, 432
LACHARITE-ROBERGE, ANNE-SOPHIE.....836	LEDBETTER, ALEX.....1496, 1531	LIFE CARE CENTER OF ESCONDIDO. ....1461
LAD, NIKISHA.....1504	LEE, AUSTIN.....1644	LIFE CARE CENTER OF VISTA.....1472
LAFORTEZA, JOZELLE.....1078	LEE, BEGEM.....1300	LIGHTBRIDGE HOSPICE LLC.....1716
LAGO HERNANDEZ, CARLOS.827, 1150	LEE, DAVID.....847, 1194, 1497, 1531	LIM, IMELDA.....377, 432, 982
LAI, AMARA.....345	LEE, HAEWON.....723	LIM, ROSEMARIE.....993
LAILAW, JOHN.....1530	LEE, JASON.....1588, 1597, 1671	LIM, STEVE.....1488
LALITHAKUMARI, ARYA.....499, 500	LEE, JENNIFER.....891, 1312	LIN, CHRISTINE.....834, 1162
LAM, ANNE.....1611, 1669	LEE, JIHYUNG.....780, 1059	LIN, HENRY.....1671
LAM, DAVINA.....1311	LEE, JOSEPH.....591	LIN, JOYCE.....891
LAM, KHANH.....641, 1058	LEE, KAREN.....1139	LIN, SHINKO.687, 688, 983, 1032, 1108
LAM, MICHAEL.....827, 1150, 1151	LEE, SALLY.....1627, 1645	LIN, TOM.....1282
LAMALE-SMITH, LEAH.714, 740, 852, 1209	LEE, SANDRINE.....467, 468	LINARES, YENDI.....361
LAMANTIA, MICHELE.388, 389, 500, 602	LEHNERTSCHUCHARDT, ELEANOR. ....1253	LINDA VISTA HEALTH CARE CTR.178, 179, 180
LAMBERT, GAGE.....1311	LEIBEL, SYDNEY.....1250	LINDA VISTA HEALTH CARE CTR, . ....485
LANDEOGUTIERREZ, JEREMY.....1291	LEMON GROVE CARE AND REHAB CTR.....1464	LINDBACK, SARAH.....419
LANE, BRIAN.....1178	LEMON GROVE FAMILY HEALTH CENTER... 89, 90, 91, 92, 93, 94, 95, 96	LINDEMAN, KURTIS.....468
LANE, KIMBERLY.644, 683, 705, 788, 939, 1079	LEMON GROVE FAMILY HEALTH CENTER, .....373	LINDEMANN, CHRISTINA.....1312
LANG, LESLIE.....1005	LENHART-PENDERGRASS, PATRICIA.....723, 974, 1025, 1292	LIOTTA, BENJAMIN.....806, 1116
LANTRIP, KEATON.....797, 1100	LENNON, RYAN.....432	LIU, ANGELA.....1286
LANUZA, MARK J.....382	LEONARD, BEVERLY.....269, 307, 621	LIU, YUJIE.....1109
LAPINA, LORI.....548	LEONARD, LISA.....1443	LIPARI, RACHEL.....857
LARA, LESLEY.....591	LEPEZ, DAVID.....592	LIPPI, MATTHEW.....807, 1116
LARSEN, JULIE.....1216	LEUIN, SHELBY.....719, 745, 1020, 1237	LIPSCHITZ, LISA.289, 328, 375, 517, 518, 625
LASSWELL, EVE.....901, 1496	LEUTE, ERIC.....383, 592	LIU, ANDREW.....1012, 1013
LAU, JANICE.....1670	LEVERONE, NICHOLAS.....1151	LIU, SHANGLEI.....922, 1374
LAU, KUEN CHINE.....1670	LEVINE, MATTHEW.....454	LIU, TIMOTHY.....1532
LAURENT, LOUISE.....709, 839, 1169	LEVY, AVIYA.....752, 1293	LIU, YUNXIANG.....1221
LAVERTY, CHAMINDRA.....1194	LEVY, MICHAEL.....1387	LIU-BARBARO, DOROTHY.....370
LAW, KAREN.....277, 382	LEVY, PHILLIP.....1627	LLANES, BENJAMIN.....1672
LAWRIE, ALISA.....534	LEWIS, MICHAEL.....1403	LLOYD, MATTHEW.....549
LAZAR, DAVID.....1397	LEWIS, PRIYA.....1400	LOEFFLER, ALLISON.....1014, 1416
LE ROUX, MICHELLE.....823	LI, ALEXANDRIA.....1221	LOGAN HEIGHTS FAMILY HEALTH CENTER.125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143
LE, CRYSTAL.....736, 1178	LI, HOJUN.....1285	LOGAN HEIGHTS FAMILY HEALTH CENTER, .....485
LE, DIANA.....339, 554	LI, JINGHONG.....806, 954, 1335, 1449	
LE, HUAN.....1335	LI, KINCHEON.....1285	

LONGARDNER, KATHERINE.1195, 1532	MALEKSHAMRAN, KEYVAN. ....354	MARYOUNG, ALLISON.1566, 1581, 1597, 1612, 1628, 1645, 1646, 1673
LOPER, KAREN..... 535	MALHOTRA, ARATI.....571, 572	MASCARENO, EFRAIN..... 662, 1572
LOPEZ, JOANNA.....1486	MALINAK, JAMES.....321	MASCH, JESSICA 1376
LOPEZ, MARIBEL 1555	MALONEY, NOLAN.....1109	MASSENBURG, BENJAMIN.1400, 1401
LOPEZ, MARIO. 549, 626	MAMAS KITCHEN.....1715	MATIAS, JULIE. ....572
LOPEZ, NICOLE 922, 1374, 1375	MANCHEL, BRUCE.....303, 555, 618	MATICH, BRANKO .....470
LOPEZ, XIMENA..... 974, 1300	MANDEVILLE, ROSS. 658, 691, 1415	MATOBA, NANA..... 653, 841, 1179, 1180
LORENZO, PATRICIA. ....454	MANDOYAN, AUSTIN..... 315, 469	MATSHE, ZENZIWE..... 345, 732
LOSTETTER, ADRIENNE .....419	MANGENE, CYNTHIA. ....307	MATSUOKA, AKIHIRO.873, 874, 1238, 1239
LOUGH, MICHELLE..... 468	MANGINE, REGINA.....621	MATTHESS, JANETTE .....789
LOVERN, JENNIFER..... 450	MANI, NASRIN. 330	MAXWELL, BENJAMIN.....1497
LOVING CARE ADHC.....1477	MANI, PARVIN .....1210	MAXWELL-JUNGE, MELISSA .....1484
LOZIER, JEFFREY.....1036	MANNEN, JOSEPH..... 1576, 1627	MAY, LOUIS. 321, 602, 689
LU, JULIE 468	MANNINO, ELIZABETH..... 371	MC ELROY, CARTER.....1368
LU, TAMMY.....307, 432	MANNINOAVILA, ELIZABETH..... 1300	MCADAMS, JOSEPH.....893, 1312
LUCEY, MEGHAN.....1484	MANRIQUEZ, LISETTE.....687, 1080	MCCALLISTER INSTITUTE.....1715
LUHAR, RIYA..... 507	MANRIQUEZ-CASTILLO, ERENDIRA. ....536	MCAULEY, ROBERT.....1492
LUI, ASONA.....904	MANSOUR, SABAH. 1422	MCCALLION, PATRICK.....665
LUJAN, ARLEEN..... 535	MANSY, TAMARA. 321	MCCALLUM, JAMES.....455
LUKACZ, EMILY..... 813, 1131	MANUEL, FRANCESCA.....1484	MCCAMMACK, BRADLEY.....415, 416
LUM HO, RACHEL.....1416, 1417	MANZO, CORINA. ....433, 1080	MCCANDLESS, RACHEL .....966, 1254
LUM, YUIN-WAH..... 378	MARANO, RACHEL. ....1301	MCCLEAN, ESMERALDA.862, 1612, 1673
LUONG, TRAN 892	MAREK, MAKSYM..... 658, 692, 1415	MCCULLEY, DAVID. ....1180
LUSBY, FRANKLIN..... 1612	MARISCAL, MIGUEL 669	MCCULLOUGH, DEIRDRE.651, 941, 1169, 1170
LUSCHWITZ, BRIAN.....632	MARKS, ROBERT..... 911, 1352	MCCULLOUGH, LYAN.....982
LUU, DANIEL .....1106	MARLAY, GREG .....1645	MCCULLUM, TIFFANY..... 1328, 1534
LWIN, THUTHIRI.....1426	MAROLLA, ALICE 918	MCDANIEL, MICHELE. . 807, 1117, 1264
M		
MA, JANET..... 836, 1165	MARR, RYAN..... 1628, 1672	MCEVOY, ANNE..... 1265
MA, XIAOJUAN.....788	MARSHALL HOUSE.....1472	MCFARLAND, NATHAN..... 371
MAC, VICTOR.....415	MARSHALL, LAWRENCE. 929, 1388	MCGEE, JACQUELINE..... 639, 757
MACIAS, ALISSA .....564	MARSTON, JACQUELINE..... 469	MCGHEE, JULEA .....1489
MACINTYRE, ELIZABETH.....415	MARTIN, FREDERIC.....507	MCGRAB, JOSEPH.1566, 1588, 1597, 1628, 1629, 1646, 1674
MACKAY, GILLIAN. .715, 852, 853, 1210	MARTIN, HALEY..... 892, 893, 1312	MCGUIRE, WILLIAM. 904, 1335
MADANY, GEORGE.....535	MARTIN, RIA.....433	MCHENRY, KATHRYN.....346
MAGEE, ANNA .....1491	MARTIN, THOMAS. ....1144	MCINTYRE, RYAN.....265
MAGIT, ANTHONY.872, 873, 1237, 1238	MARTINEZ, ARMANDO. ....828, 1151	MCKENNETT, MARIANNE 277
MAGNOLIA ADULT DAY HEALTH CARE.....1475	MARTINEZ, BRIANNA.....1128	MCKINNEY, SARA. . 715, 853, 1210, 1211
MAGNOLIA POST ACUTE CARE. .1459	MARTINEZ, CAROLYN. ....433, 1080	MCKNIGHT, TRISTAN.....1245
MAHENDRAN, SRIVIDYA.....536	MARTINEZ, NORAYMA.....1488	MCLAUGHLIN, ERIK..... 470, 1129
MAJITHIA, AMIT.....828, 1151	MARTINEZ, STEPHANIE.1482, 1497, 1533, 1534	MCMAHON, SHARON .....298
MALAK, LAWRENCE. ....1481, 1532, 1533	MARTINEZ-ANDREE, INGRID. ....536	
MALEK, MIKHAIL..... 733	MARTINEZ-MURGUIA, IRENE.393, 549	

MCMURREN, BRITTANY.....	1581	MILLER, EVA.....	1082	MORALES, ALEJANDRA.....	471
MCNEALY HOUSE.....	1465	MILLER, JULIE.....	1447	MORAN, TIFFANY.....	434, 1083
MEADOWS, AUDRA.....	853, 854, 1212	MILLER, LAUREL.....	550	MOREIRA, LUCILA.....	419
MEAGHER, RAISHELLE.....	1556	MILLER, MIKAELA.....	1534	MOREO, HUNTER.....	1313
MEDINA, ALEXANDER.....	383	MILLER, WILLIAM.....	561	MORRIS, CHAD.....	696
MEDINA, RUBELETA.....	1080	MILLS, BRAD.....	1535	MORRIS, SHEILA.....	659
MEDZED PHYSICIAN SERVICES INC.	1695	MILLS, DAVID.....	969, 1266	MORRISON REYES, JOSHUA.....	1566, 1588, 1598, 1614, 1629, 1630, 1647, 1675
MEIER, EMILY.....	1328, 1534	MILLS, TATYANA.....	1301	MORTIMER, DORI.....	420
MEKEEL, KRISTIN.....	1404	MINOKADEH, ANUSHIRVAN.....	697	MOSHTAGHI, OMID.....	946
MELBER, DORA.....	651, 735, 839, 942, 956, 957, 1010, 1170, 1171	MIRACLE, ANGELYN.....	953, 1427	MOSQUERA, DIANA.....	298
MELLENDEZ, ARIANA.....	854, 1212	MIRON, JEAN-PHILIPPE.....	1535	MOSTOFIAN, EIMANEH.....	570
MELGAR, MONICA.....	471	MISSION HILLS POST ACUTE CARE.	1468	MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC.....	1471
MENDENHALL, ANNA.....	341	MISTRY, CHETAN.....	298	MOUSSAVIAN, MEHRAN.....	325, 506, 606
MENDES, CHANTAL.....	667, 749, 1265	MITCHELL, NORA.....	1498	MOVAGHAR, MANSOOR.....	717, 742, 858, 961, 1016, 1222, 1598
MENDEZ, ANDRES.....	901, 1498	MIZOGUCHI, LIANNE.....	1613, 1674	MOYA, MARY.....	278, 592
MENDEZ, DIEGO.....	289, 328, 610	MIZZELL, ANNA.....	777, 1053	MUELLER, GEORGE.....	1383, 1384
MENDEZ, JESUS.....	302	MODHWADIA, MAMTA.....	1514	MUHAMMAD, LAMA.....	1536
MENDOZA, GRETEL MARIE.....	433, 1081	MOELLENHOFF, MICHAEL.....	773, 1046, 1047	MULVEY, CAOILFHIONN.....	791, 1083
MENDOZA, RAYMUNDO.....	1646	MOFFATT, KYRRA.....	369	MUNCADA, CAESAR.....	857
MENON, POOJA.....	278	MOHAMEDALI, BURHAN.....	648, 690, 734, 1165, 1413	MUNCE, DANIELLE.....	1152
MERAKEY ALLOS.....	1717	MOHAMEDI, NADIA.....	383	MURADIAN-MOORE, SARAH.....	693
MERALI, MURTAZA.....	1629	MOHAMMAD, AHMAD SHAH.....	658, 943	MURRAY, MATTHEW.....	1266
MERCER, KELLY.....	337, 394, 550	MOHEBBI, ATHENA.....	790, 1082	MURTHY, NIKHIL.....	640, 929, 930, 1028
MERGENTHALER, SIGRID.....	1552	MOLINOS, NICOLE.....	369	MUTH, NATALIE.....	268
MERRILL, COREY.....	893, 1313	MOLL, ANGELA.....	716, 741, 742, 961, 1015, 1221, 1588, 1598, 1674	MUUS, SUSAN.....	791
MERRILL, SARAH.....	278	MONAHAN, CAROLYN.....	573	N	
MESIWALA, ADNAN.....	968, 1265	MONGA, MANOJ.....	1405, 1406	NACOSTE, LAKEISHA.....	792
METCALF, ASHLEY.....	1266	MONTANE, RUBEN.....	1106	NADI, FAHIMA.....	322
MEYER, MEGAN.....	773, 1046	MONTEZ, REBECCA.....	1509	NAGELBERG, JODI.....	313, 455, 811, 1121, 1122
MICHAEL, RAMI.....	322, 689	MONTGOMERY HOUSE.....	1472	NAGHI, JESSE.....	648
MICHALOWSKI HOME.....	1466	MONTGOMERY JR, KEITH.....	1005, 1436, 1437	NAGNUR, PRITI.....	334
MICK, SHARON.....	789, 790, 1081	MONTOYA, JESSICA.....	1329, 1536	NAIK, SHILPA.....	335
MID-CITY COMMUNITY CLINIC.....	180, 181, 183, 184, 185	MOODLEY, AMARAN.....	1144	NAJAFI, DAVID.....	523
MID-CITY COMMUNITY CLINIC, .	486	MOONEY, PATRICIA.....	1410	NAJAND, SADAF.....	1033
MIDORO, ABEGAILLE.....	982, 1082	MOOR, TRACY.....	1613, 1675	NAKAMITSU, ABIGAIL.....	1313
MIGNEA, DAVID.....	304, 340, 559	MOORE, SARAH.....	727, 938, 1406	NAKAMURA, MELANIE.....	346
MIKUT, ALYSSA.....	1217	MOORE, SHAVON.....	1498, 1536	NAKAMURA, TIFFANY.....	1167, 1537
MILDER, EDMUND.....	1287	MOORE, THOMAS.....	709, 839, 1171	NARANJO, RODRIGO.....	500, 501
MILES, RENEE.....	1492	MORA, WENDY.....	950, 1018, 1445	NARAYAN, ARCHANA.....	322
MILLAR, MELISSA.....	1046			NARAYAN, HARI.....	720, 747, 966, 1254
MILLER, DIANA.....	407				
MILLER, DONALD.....	416				

NARAYANAN, MEENA.....501	NESTOR COMMUNITY HEALTH CENTER.....120, 121	NIGRO, JOHN.....1403
NASSIR, BASSAM.....316	NESTOR COMMUNITY HEALTH CENTER, .....486	NIKZAD, JASON.....384, 593
NATH, DEVARSHI.....565, 566	NETZEL, JENNIFER.....1083, 1084	NING, GRACE.....1329, 1538
NATHAN, CARLY.....800, 1104	NEVAREZ, IRENE.....378, 434	NISHIKAWA, MOENA.....632
NAUDIN, VERONICA.....632	NEVES, VANESSA.....573	NISKANEN, RACHEL.....1652
NAVARRETE CELESTINO, MISHEL.....578, 1418	NEVILLE, MARGARET.1509, 1510, 1560	NISSAN, BETI.....613
NAVARRO, STEVEN.....730	NGO, MAI.....975, 1302	NJIE, EMADE.....1040
NAVARRO, VANESSA MARIA.383, 471, 592, 984, 1422	NGUYEN, ANTHONY.....1139	NOCEDA, ANA.....434, 435
NAYER, ZACHARIA.....859, 1222	NGUYEN, BRUCE.....1676	NOKES, BRANDON.....828, 1152
NCHOTU, SUCCESS.....754	NGUYEN, CARIE.....279, 593	NOLASCO, JOANNA.....384
NEGRON, RICARDO.....356	NGUYEN, DANIELA.....407, 408	NOORI, SARA.....1605
NEIGHBORHOOD HEALTHCARE ESCONDIDO.....79, 80, 81, 82, 83	NGUYEN, HARRY.....1369	NORMAN, MARC.....1329, 1330, 1538
NEIGHBORHOOD HEALTHCARE ESCONDIDO, .....349	NGUYEN, HOANG.....1499, 1537	NORRIS, JEFFREY.....472
NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER.115, 116	NGUYEN, JANICE.....536	NORTH PARK FAMILY HEALTH CENTERS..143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154
NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER, .418	NGUYEN, JASMINE.....1677	NORTH PARK FAMILY HEALTH CENTERS, .....486, 487
NEIGHBORHOOD HEALTHCARE GRAND AVE.....83, 84, 85	NGUYEN, JULIA.....1499, 1537, 1538	NOSTE, ERIN.....807, 1117
NEIGHBORHOOD HEALTHCARE LAKESIDE.....88, 89	NGUYEN, KELVIN.....1676	NOVENCIDO, ANDREW.677, 678, 767, 994, 995
NEIGHBORHOOD HEALTHCARE LAKESIDE, .....370	NGUYEN, KHANH.....1314	NOVENO, HILARIO JR.....983, 1084
NEIGHBORHOOD HEALTHCARE PAUMA VALLEY.....114	NGUYEN, LINH.....279	NOVO, MEGAN.....688, 1010, 1134
NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL.....75, 76	NGUYEN, MARGARET.....1267	NOVOTA, GABRIELA.....416
NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL, .....349	NGUYEN, MICHELLE.....828, 1152	NUNO, JOSE.....550
NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL.....79	NGUYEN, MINH.....1412	NUQUI, JOSIE.....472
NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL, .....349	NGUYEN, MYLINH.....1267	NYMAN, KATHERINE.653, 711, 842, 958, 1181
NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY.....76, 77, 78, 79	NGUYEN, NGOC.....471	
NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY, .....350	NGUYEN, NINA.....434	
NEIGHBORHOOD HEALTHCARE.....627, 628	NGUYEN, QUOC SY.....773, 1047	
NEJATI, FRESHTA.....1083	NGUYEN, THANH.....1677	
	NGUYEN, THERESA.....1573, 1647, 1691	
	NGUYEN, THU.....663	
	NGUYEN, THY.....1630	
	NGUYEN, TIA.....677, 767, 994	
	NGUYEN, TRACY.....1573	
	NGUYEN, TRUC.....299	
	NGUYEN, VANESSA.....687, 1410	
	NGUYEN, VI.....335	
	NGUYEN, VIET.....1677	
	NGUYEN-CLEARY, THAI.....472	
	NIAKAMAL, EVAN.....754	
	NIAZI, HARRIS.....316, 472	
	NIBBELINK AHEARN, SANDRA.1006	
	NICHOLAS, ESTELA.....1437	
	NIEMI, ANNA-KAISA.653, 1137, 1180, 1181	

OKWUOSA, CHRIS.....	619	PAKENHAM, KATE.....	706	PATEL, AARTI.....	1302
OLIVER, DEANNA.....	490	PALLIA, CHRISTOPHER.....	684, 934	PATEL, AMAR.....	655
OLSEN, MARTIN.....	450	PALOMAR HEALTH.....	1452	PATEL, CHARMI.....	879
OLVERA, LUISA.....	308	PALOMAR HEIGHTS CARE CTR....	1461	PATEL, DEVIN.....	1406
OPEN ARMS ADHC.....	1475	PALOMAR MEDICAL CENTER.....	1452	PATEL, GITANE.1567, 1581, 1599, 1631,	1647, 1679
OPERATION SAMAHAN - MIRA		PALOMAR VISTA HEALTHCARE CTR.		PATEL, HEMANSHU.....	365
MESA.....	191, 202, 203, 204	.....	1461	PATEL, JANKI.....	707
OPERATION SAMAHAN - MIRA		PALOMINO, MARY.....	279	PATEL, JITENBHAI.....	346
MESA,.....	487	PANDHI, JAY.....	986	PATEL, KELLY.....	438
OPERATION SAMAHAN - NATIONAL		PANDIT, IVY.....	605	PATEL, MITESH.....	1510, 1511, 1560, 1561
C.....	96, 99	PANDYA, BHUMIKA.....	1581, 1630	PATEL, SAGAR.....	955, 1450
OPERATION SAMAHAN - NATIONAL		PANEK, JOHN.....	555	PATEL, SARJAN.1566, 1582, 1599, 1631,	1648, 1678
C,.....	386	PANICKER, CIBU.....	408	PATEL, SHREYA.....	337
OPERATION SAMAHAN GRANGER		PANNARAJ, PIA.....	1145	PATEL, VIJAY.719, 746, 964, 1020, 1239	
SCHOOL BASED.....	97	PANSARA, MEGHA.....	1599	PATHWAY HOME SOLUTIONS INC.	
OPERATION SAMAHAN GRANGER		PAPA, RHETT.....	329, 366	.....	1702
SCHOOL BASED,.....	387	PAPASTERGIU, GEORGIOS. .291, 331		PATIAG, DANIEL. 438, 439, 1086, 1087	
OPERATION SAMAHAN RANCHO		PAPPALARDO, ASHLEY.....	1086	PATTERSON, MARY.....	975, 1278
PENASQUITOS.	204, 205, 207, 208	PARADISE VALLEY HEALTH CARE		PATTON, MICHAEL.....	1539
OPERATION SAMAHAN RANCHO		CENTER.....	1464	PAUL, MEGAN.....	1139
PENASQUITOS,.....	452, 487	PARADISE VALLEY HOSPITAL.....	1453	PAUL, ROBERT.....	1314
ORDINANZA, MYLENE.....	584	PARAST, MANA.....	879, 1243	PAULSON, KERRY.....	792
OREJEL, EDITH.....	1085	PARIKH, MILIND.	322, 501, 568, 569	PAVLOVICH, WENDY.....	537
ORFF, HENRY.....	1330, 1539	PARK, BRIAN.....	969, 1268	PAYAMI, MADDIHA.....	473
ORIENTE HOUSE.....	1473	PARK, DANIEL.....	603	PEARCE, ALEX.....	904, 1336
ORPILLA, IMELDA.....	437	PARK, JAY.....	807, 808, 1117	PEDROTTY, JOHN.....	279
ORR, JEREMY.....	1163	PARK, RONALD.....	417, 1022, 1268	PELHAM, WILLIAM.....	901, 1499
ORTEGA, LUIS.....	593, 1422	PARK, SOO.....	819	PELIO, DARREN.....	724, 894, 1314, 1315
ORTIZ, BEVERLY.....	1510	PARK, TARI.....	537	PENT, MICHELLE.....	1489
ORTIZ, KENNETH.....	265, 473, 594	PARKER, LESLIE.....	857	PEOPLE ASSISTING THE HOMELESS.	
ORTIZ, MARIA.....	1330, 1539	PARKER, SHERINE.537, 749, 1023,		.....	1712
OSORIO, JOSEPH.....	930, 1388	1268, 1269		PERENS, ELLIOT.....	1289
OSSAREH, DIBA.....	1573	PARKS, MONICA.....	1442	PERESS, LILIA.....	1129
OSWALD, JESSICA.....	774, 1047	PARKSIDE HEALTH AND WELLNESS		PEREZ, PERLITA.....	280, 473
OTAY FAMILY HEALTH CLINIC.....	26	CENTER.....	1459	PERKINS, RACHEL.....	417
OU, JOCELYN.....	1576, 1630	PARKWAY HILLS NURSING &		PERLMAN, TAMARA.....	1008
OWEN, MICHAEL.....	270, 437, 438	REHAB.....	1463	PERREAULT, MARK.....	894, 895, 1315
OZCAN, ALI.....	969, 1267	PARRY, LISA.....	725, 922, 1375	PERRY, ARTHUR.....	1614
P					
PACE, RACHELLE.....	1085, 1086	PARSONS, GENEVIEVE.....	364	PERRY, KATHERINE.....	439
PADE, KATHRYN.....	1267	PARSONS, MEKRAE.....	1411	PERTL, URSULA.....	633
PADILLA, MICHELE.....	438	PARTNERS IN CARE FOUNDATION.		PETERSEN, KATE.....	1556
PAGE, BIANCA.....	370, 451	.....	1716, 1717	PETITT, JOHN.....	323
PAGE, BRADY.....	701	PASCUA, RYAN.....	765, 1153	PETTIS, BETH.....	1087
PAI, SARAH.....	1086	PASSIAK, BRITTANY.....	1013, 1195		
		PASTORES, GLEN.....	1539		

PETTUS, JEREMY.....812	POWAY ADULT DAY HEALTH CARE CENTER..... 1476	RADY CHILDRENS SPECIALISTS SAN DIEGO MED FN DNTN.1721, 1722, 1723, 1724, 1725, 1726, 1727, 1728, 1729, 1730, 1731, 1732, 1733, 1734, 1735, 1736, 1737, 1738, 1739, 1740, 1741, 1742, 1743, 1744, 1745, 1746, 1747, 1748, 1749, 1750, 1751, 1752, 1753
PHAM, BETTY.....842, 1182	POWAY HEALTHCARE CENTER..1466	RAGUVEER, VISHAKA..... 474
PHAM, JENNIFER.....655	POWELL, STEPHANIE..... 537	RAHIMI, NASSRIN.....1447
PHAM, LILY..... 645, 731, 1009, 1118	PRABHU, SUJATA.1567, 1600, 1631, 1648, 1680	RAJAEI, NILOUFAR..... 1087
PHAM, MARTIN...640, 930, 1028, 1388	PRASAD, AMITHA.....1489	RAJAGOPAL, AMUTHA..... 1145
PHAM, NINA.....1573	PRATT, STEVEN.....1614	RAJAIPOUR, NEGIN.....594
PHAM, QUYNH.....284	PRESKILL, CATALINA.....538	RAJARATNAM, AKASH..... 574
PHAM, TONY.....1679	PRESTERA, TORY.....1688	RALEIGH, DEBORAH.....792
PHAN, TIFFANI.....518	PRIEST, VIVIAN.....1316	RALL, EMILY.....551
PHILIS-TSIMIKAS, ATHENA.....455	PRINCE, RENEE.....1330, 1540	RAMAMOORTHY, SONIA.....922, 1375
PHILLIPS, KATHERINE.....634	PRITZKER, JOELY.....1006, 1437	RAMERS, CHRISTIAN.....501
PHREANER, NICHOLAS.....778, 1053	PROHASKA, THOMAS.....1053	RAMGREN, AILEEN.....420
PHUNG, AIVI.....550, 551, 1315, 1316	PROMER, KATHERINE.....600	RAMIREZ SANCHEZ, CLAUDIA.603, 823, 1145, 1423
PHUNG, RICHARD N V.....1679	PROPST, TOBE.....474	RAMIREZ, ALFREDO.....936
PIANSAY, MARIA CORAZON. 299, 614	PRUSS, ERIKA.....1029, 1394	RAMIREZ, NICOLE.....798, 1101
PICKETT, CHARLOTTE...854, 1213, 1214	PUIG LLANO, MANUEL.....859, 1223	RAMNATH, VENKTESH.....701
PIERCE, HEATHER.....1302	PUTRUS, RAMIZ.....316	RAMOLIA, ANIKA.....1569
PIEROS, JANELLE.....280	PYLE, ALEXANDRA.....1316	RAMOS, ELENA.....1026
PINA, RAQUEL.....280	Q	
PINTO, ANITA.....335	QAYOUMI, WALI. 847, 1196, 1500, 1540	RAMOS, JACQUELYN.....694
PIRTLE, KEYSHONE.....687	QIAN, ZHEN.....719, 746, 964, 1239	RAMSIS, MATTHEUS.....703, 1053
PISINGER, PATRICIA.....280	QUACH, PHUC.....1632	RANA, DEBORAH.....392
PITTMAN, LILIANA.....584, 698	QUAN, MICHELE.....756	RANADIVE, SAYALI.721, 751, 972, 1024, 1279
PLANTE, CHARLES.....272	QUEVEDO, JUAN.....1185	RANASURIYA, DUNISHA.....970, 1269
PLASCENCIA, CINDY.....1556	QUICK, ELISABETH.....302, 551	RANDLE, CARRIE.....1088
PLUCINIK, STANLEY.....1574	QUIJANO, GLENN.....1317	RAO, APARNA.....974, 1292
POAST, JENNIFER.....603	QUILALANG, SUSAN.....270	RAO, SOUMYA.....1037
POGGI, SARA.....1316	QUINTANA, PAULINA.....1246	RAO, USHA.....347
POLICH, MICHELLE.....1303	QUINTERO, CAROLYN.....574, 1417	RASCHKE, ROBIN.722, 973, 1025, 1289
POLK, DAVID.....1135	QUINTO, CINDY.....440	RASHCOVSKY SCHIFF, KARIN.....347
POLLACK, LARRY.....1384	QUIROZ, ELISA.....285	RASMUSSEN, DALE.....551
POLLEMA, TRAVIS.....936, 981	QURESHI, SOFIA.....1422	RASUL, LAILA.....665
POLLEY, SHANNON.....551, 1418	R	
PONCE, SONIA.....581	RACKHAM, KELLY.....359	RAYMOND, ALAIN.....947
PONIACHIK, SAMUEL.....569	RADOJEVIC, NATASHA.1330, 1331, 1540	RAYTA, NICOLE.....1006
PONS, MAURICIO.....291, 331	RADY CHILDRENS CONVALESCENT HOSPITAL.....1468	RCH MID CITY URGENT CARE.....1753
POOLE, DAVID.....1303	RADY CHILDRENS HOSPITAL SAN DIEGO.....1453	READ, TRENTON.....672, 755, 756, 1037
PORTO MADURSKI, KRISTINE.....617		REAL, MARIA.....309, 379
POSADA, SEAN.....473		RECALDE, FRANCISCO.....491
POSADAS, EMERITO.....573, 574, 1417		
POTENZA, BRUCE.....923, 1376		
POTOK, OLIVIA.....829		
POUNTNEY, MARLENE.....570, 571		
POUSTI, BOBAK.....1032		
POUSTI, SHEIVA.....1680		

REDDY, ARJUN.....	323	RISSEY, JOSEPH.....	557, 1129	ROSS, CRYSTAL.....	270, 1088, 1089
REDDY, DANA.....	305, 560	RITCHIE, DAVID.....	912, 1353	ROSSI, CATHERINE.....	793, 1089
REDDY, NAVYA.....	731	RITTER, STEVEN.....	474, 594	ROUEL, LINDA.....	324
REDDY, REDDIWANDLA.....	938	RIVADENEYRA, KELLY.....	1552	ROUEL, WADI.....	323, 324, 389, 502
REDDY, SAMATHHA.....	604	RIVAS, RENEE.....	855, 1214	ROUGH, STEVEN.....	649, 987
REDDY, SMITHA.....	1038	RIVERA, KEVIN.....	1541, 1542	ROWHANI, NAGHMEH.....	299, 668
REED, KRISTIE.....	902, 1500	RIVERA, MELISSA.....	1490	ROZELL, JOSEPH.....	912, 1353
REEG, JESSICA.....	1552	RIVERA, TANIA.....	502	ROZO, JOSE.....	1089
REEVES, JAMES.....	1384	ROBERTS, AUDREY.....	895, 1317	RUBENSTEIN, STUART.....	539
REGEV, SHANEE.....	309	ROBERTS, CALE.....	1269	RUBENSIK, TAMARA.....	708, 822, 1141, 1440
REID, CHRISTOPHER.....	727, 935, 1402	ROBERTS, KENDALL.....	364	RUBIO, HALEY.....	1418
REID, EMILY.....	309, 379, 440	ROBERTS, POMAI.....	385, 984	RUDD, CHRISTOPHER.....	918, 919, 1369
REIFENBERGER, JODY.....	422	ROBINSON, COLE.....	729	RUDOLF, FRANCES.....	699, 808, 1118
REIMERS, REBECCA.....	651, 735, 942, 957, 1011, 1136, 1172	ROBINSON, DAISY.....	361, 763	RUELAS, ROBERTO.....	614
RENDLER, NATHAN.....	420	ROBINSON, DEAN.....	343	RUIZ, MONICA.....	1270
REO VISTA HEALTHCARE CTR.....	1468	ROCHE, CHELSEA.....	792	RUNGVIVATJARUS, TIRANUN.....	1304
RESNIKOFF, PAMELA.....	502	RODARTE, GABRIEL.....	347	RUSSELL, SAMUEL.....	1023, 1270
RESTELLI, LYNDSY.....	939	RODENMEYER, EVE.....	1088	RUSSO, KRISTA.....	578, 579
REVELES, DIANA.....	302	RODRIGUES, ANNETTE.....	724, 754, 977, 1026, 1317	RYAN, DANA.....	362
REYNAGA, JOSUE.....	599	RODRIGUEZ, ALDO.....	335, 538, 614, 1425	RYAN, KYLE.....	753, 976, 1026, 1305
REYNOSO, ALFONSO.....	273	RODRIGUEZ, CASSANDRA.....	304	RYAN, RHIANNON.....	1130
RHEE, KYUNG.....	1303	RODRIGUEZ, JAVIER.....	538	RYU, JULIE.....	1293
RIBEIRO CALDAS DOMINGUES, ISABEL.....	1541	RODRIGUEZ, LOUIE.....	317, 475	S	
RICE, ELIZABETH.....	636	RODRIGUEZ, SEAN.....	475	SABHA, MAHMOUD.....	808, 1118
RICHARD, MARLA.....	1500, 1501, 1541	RODRIGUEZ-MINETTE, JESSICA.....	697, 1449	SABIN, NANCY.....	441, 1090
RICHARDSON, ALVIE.....	652, 710, 943, 1011, 1172, 1173	ROGERS, MATTHEW.....	265, 635	SACHS, MELISSA.....	1504, 1542
RICHARDSON, ANGELIQUE.....	820	ROGERS, TANYA.....	440	SACKS, BRENT.....	798, 1101
RICHARDSON, DANIELLE.....	384	ROJAS, RICHARD.....	451	SADAT, SAYED.....	912, 1354
RICHARDSON, HENRY.....	668, 752, 1026, 1305	ROJAS, SARAH.....	595	SADDA, REEM.....	1485
RICHARDSON, JULIA.....	663	ROJAS, STEVEN.....	595	SAHAGIAN, MICHELLE.....	713, 738, 959, 1014, 1202
RICKERTS, MATTHEW.....	1369	ROMA, ANDRES.....	883, 1246	SAHMS, TIMOTHY.....	614, 615
RICKMAN, CHRISTOPHER.....	911, 1352, 1353	ROMERO, CAMILA.....	557, 558, 1322, 1323	SAID, MENA.....	946
RIDGE, NEAL.....	474	ROMO, JORGE.....	895	SAIDRO, LUZVIMINDA.....	266
RIEDL, MARC.....	1041	RONAN, KEVIN.....	417, 418, 633	SAIKHON, TALIA.....	896
RIEGO, SUZANNE.....	1088	RONQUILLO, RINA.....	369	SAJTI, ENIKO.....	842, 1182
RIES, DAVID.....	1303	ROSA, ADAM.....	1653	SALAMANCA, OMAR.....	1009
RIFKIN, DENA.....	843, 844, 1185	ROSADO, IVAN.....	475, 1130	SALAS, JESSICA.....	1039
RIGGINS, NINA.....	1196, 1197	ROSE, PATRICIA.....	623	SALAZAR, JUANITA.....	300
RING, ROBERT.....	1018	ROSENBAUM, HERBERT.....	476, 595	SALEH, FAREED.....	1270
RIOS, SIERRA.....	1489	ROSENBLATT, EUGENE.....	281	SALEM, RAMSEY.....	317, 595
		ROSENBLATT, SHERILYN.....	337	SALERNO, MARIANA.....	604
		ROSS, COLLIN.....	617	SALES, JAN ERIC.....	559
				SALO, STEPHANIE.....	1331, 1542

SAMI, REMAN.....	285	SAN YSIDRO HEALTH JULIAN		SANDHU, BASANT.....	347
SAMPATH, SRIVIDYA.....	539	FAMILY MEDICINE,	362, 363	SANDLER, BRYAN.....	1384, 1385
SAMPSON, ANDRIECE.....	441	SAN YSIDRO HEALTH MATERNAL		SANDOC, EMILY.....	1681
SAMUEL, MICHAEL....	1589, 1600, 1632	AND CHILD HEALTH CTR.238, 239,		SANTANGELO, JOANNE.....	442, 1091
SAN DIEGO AMERICAN INDIAN		240, 241, 242, 243, 244		SANTIAGO, AMANDA.....	1007
HEALTH CENTER.....	156, 157	SAN YSIDRO HEALTH MATERNAL		SANTIAGO, ROXANE.....	300
SAN DIEGO AMERICAN INDIAN		AND CHILD HEALTH CTR,	598	SANTIAGO-LASTRA, YAHIR.....	1407
HEALTH CENTER,	488	SAN YSIDRO HEALTH MOUNTAIN		SANTORELLI, JARRETT.....	925, 1385
SAN DIEGO FAMILY CARE.176, 181,		HEALTH FAMILY MEDICINE.....	22, 23	SANTOS CAVAIOLA, TRICIA. .	812, 1122
182, 1713		SAN YSIDRO HEALTH MOUNTAIN		SANTOS MONTENEGRO, MARIA..	1197
SAN DIEGO FAMILY CARE,	488	HEALTH FAMILY MEDICINE,	266	SAPRA, SONIA. 289, 329, 375, 519, 625	
SAN DIEGO FAMILY CIRCLE ADULT		SAN YSIDRO HEALTH NATIONAL		SASSIC, JESSICA.....	502
DAY HEALTH CARE.....	1477	CITY.....	102, 103, 104	SATTERFIELD, KELLIE.....	859, 1223
SAN DIEGO HEALTHCARE QUALITY		SAN YSIDRO HEALTH NATIONAL		SATTERWHITE, MAURINE.442, 443,	
COLLABORATIVE.....	1697	CITY,	387	1091	
SAN DIEGO POST ACUTE CENTER.		SAN YSIDRO HEALTH PARADISE		SAUER, CHARLES.712, 736, 843, 1034,	
.....	1459	HILLS.....	104, 105, 106	1183	
SAN YSIDRO HEALTH 25TH ST		SAN YSIDRO HEALTH PARADISE		SAUNDERS, DENISE.....	271
FAMILY MEDICINE.....	116	HILLS,	387	SAVA HOME.....	1473
SAN YSIDRO HEALTH 25TH ST		SAN YSIDRO HEALTH PRECISION		SAVILLE, EDITH.....	443
FAMILY MEDICINE,	488	PARK,	489	SAWHNEY, NAVINDER.....	734
SAN YSIDRO HEALTH ALPINE		SAN YSIDRO HEALTH SAN YSIDRO		SAWYER, CAROLYN.....	1543
FAMILY MEDICINE.....	19, 20, 21	HEALTH CENTER.223, 224, 225, 226,		SHELLIE, SCOTT.	552
SAN YSIDRO HEALTH ALPINE		227, 228, 229, 230, 231, 232, 233, 234,		SHELLINGER, KRISTON.1331, 1332,	
FAMILY MEDICINE,	261	235, 236, 237, 238		1543, 1544	
SAN YSIDRO HEALTH CHC - OCEAN		SAN YSIDRO HEALTH SAN YSIDRO		SCHIEDERMAYER, BENJAMIN.921,	
VIEW.....	154, 155, 156	HEALTH CENTER,	598	1373	
SAN YSIDRO HEALTH CHC - OCEAN		SAN YSIDRO HEALTH SANTEE		SCHLOSSER, TARA.....	1544
VIEW,	488	FAMILY MEDICINE,	620	SCHMIDT, BRYAN.....	559
SAN YSIDRO HEALTH CHULA VISTA.		SAN YSIDRO HEALTH SOUTH BAY.		SCHMITT, EVA.....	1318
27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37,		.....	101, 102	SCHNEEBERGER, ANDRES.1501, 1544	
38		SAN YSIDRO HEALTH SOUTH BAY		SCHNEIDER, SARAH.....	303, 555
SAN YSIDRO HEALTH CHULA VISTA, .		PEDIATRICS,	284	SCHNEIDER-MUNOZ, MARGARITA.	
.....	284	SAN YSIDRO HEALTH SOUTH BAY, .		.....	604
SAN YSIDRO HEALTH COMMUNITY		.....	387	SCHNICKEL, GABRIEL.....	1404
HEIGHTS FAMILY MED.....	117	SAN YSIDRO HLTH SAN DIEGO PACE		SCHONBACH, ETIENNE.....	860
SAN YSIDRO HEALTH COMMUNITY		SENIOR HLTH SVS.218, 219, 220, 221,		SCHORR, EMILY.....	712, 1198
HEIGHTS FAMILY MED,	489	222, 223		SCHROEDER, JENNIFER.....	1318
SAN YSIDRO HEALTH EL CAJON.67,		SAN YSIDRO HLTH SAN DIEGO PACE		SCHROTER, STEPHANIE.....	970, 1271
68, 69, 70, 71		SENIOR HLTH SVS,	599	SCHULTE, JESSICA.....	848
SAN YSIDRO HEALTH EL CAJON, .319		SANACORA, RACHEL.....	1007, 1090	SCHULTZ, HEATHER.	912, 1354, 1355
SAN YSIDRO HEALTH ESCONDIDO		SANCHEZ, AMBER.....	844	SCHULTZ, JAMES.....	348, 627
FAMILY MEDICINE.....	73, 74, 75	SANCHEZ, MICHAEL.....	896	SCHULZ, STEFAN.....	1318
SAN YSIDRO HEALTH ESCONDIDO		SANCHEZ, MYRNA.....	584	SCHUMAKER, EDWARD..317, 385, 476	
FAMILY MEDICINE,	350	SANDERS, JESSICA.....	259	SCHWAB, GARY.....	1226

M. فهرس الرعاية الأولية

SCHWARTZEL, KEVIN.....	896	SHARMA, ANITA.....	973, 1282	SIEVERING, DENISE.....	916, 1364
SCHWARZ, KATHLEEN.....	1282	SHARP CHULA VISTA MED CTR. .	1454	SILVASEPULVEDA, JOSE.634, 721,	748, 966, 1254
SCHWENDEMANN, WADE.943, 1011,	1173	SHARP CORONADO HOSP AND		SILVEY, CHRISTOPHER.	1504, 1545
SCOTT, JEFFREY.....	1582, 1632, 1648	HEALTHCARE CTR.	1455	SIMEONE, DIANE.....	925
SCOTT, KELLY.....	443	SHARP MARY BIRCH HOSP FOR		SIMMONS, ROBERT.....	1505
SCOTT, LAGINA.....	1130	WOMEN AND NEWBORNS.....	1455	SINGH, PRABHLEEN.....	845, 1185
SCOTT, RYLEE.....	476	SHARP MEMORIAL HOSPITAL....	1455	SINGH, PUJA.....	972, 1279
SCOTT-WYARD, PHOEBE.....	977, 1306	SHARP, LORRA.....	759, 760	SIRIPHAND, CHRISTOPHER. 829, 1153	
SCOVILL, ALEXANDRA.....	664, 1574	SHARPE, NORMA.262, 266, 356, 552,	617	SKAF, AYHAM.....	292, 331, 611
SCRIPPS GREEN HOSPITAL.....	1453	SHAUF, JOANN.....	618, 1426	SKALSKY, ANDREW.....	977, 1306
SCRIPPS MEMORIAL HOSPITAL. 1453		SHAW, BLAKE.....	523	SKAY, RICHARD.....	1688
SCRIPPS MEMORIAL HOSPITAL		SHAW, SUSANNA.....	774, 1047	SKINNER, NICOLE.....	919, 1369
ENCINITAS.....	1453	SHEETS, ROBERT.....	1294	SLATER, JERRY.....	913, 1355, 1356
SCRIPPS MERCY HOSPITAL.....	1454	SHEIKH MOHAMED, AMIRA.....	604	SLOAN, CRISTINA. 1511, 1512, 1561, 1562	
SCRIPPS MERCY HOSPITAL CHULA		SHEIKH, ZARA.....	476, 477	SLOANE, CHRISTIAN.....	1119
VISTA.....	1454	SHEIKH-MOHAMED, HALA.....	324	SMILDE, RENEE.....	503
SEARLEMAN, ADAM.....	913, 1355	SHEN, JIA.....	1054	SMITH, CASEY.....	809
SEARS-WILEY, ELIZABETH.....	1092	SHENOY, ASHVIN.....	540	SMITH, CHELSEY.....	830, 1154
SEBASKY, MEGHAN.....	829, 1153	SHERER, KIMBERLY.667, 750, 1023,		SMITH, DOUGLAS.....	617
SEBIANE, MARIA.....	575	1271		SMITH, EMILY.....	857
SEBRING, JAN.....	444	SHEREV, DIMITRI.649, 690, 939, 1054,		SMITH, KELLI.....	764, 951
SEBSO, JODI.....	539	1166		SMITH, LINDA.....	763
SEFA-BOAKYE, KOFI.....	290, 610	SHERMAN HEIGHTS FAMILY HLTH		SMITH, SHARON.....	309, 310, 371, 372
SEILNACHT-BERNARD, KAREN.707,	731, 798	CTRS INC.....	177, 178	SMITH, SONYA.....	1512, 1513, 1562
SEITZ, GRETCHEN.....	1059	SHERMAN HEIGHTS FAMILY HLTH		SMOOT, CHARLES.....	477
SELBY, BLAKE.....	1092	CTRS INC,	489	SNOOK, BRIAN.....	385
SELECT SPECIALTY HOSPITAL SAN		SHETH, HASMUKH.....	300, 540	SNYDER, CHRISTOPHER.....	478, 596
DIEGO.....	1454	SHETH, SARIKA.....	970, 1271	SNYDER, MICHELLE.....	953
SELTZER, JUSTIN.....	809	SHI, RUJING.....	503	SOCHA, TRACI.....	575
SERENE HEALTH.....	1699, 1713, 1714	SHI, VERONICA.....	1109	SOLIS, KEVIN.....	1574, 1691
SERIO, TAYLOR.....	1544, 1545	SHIAU, NANCY.....	540	SOMERSET SUBACUTE AND CARE.	
SERPAS, SHAILA.....	281	SHIELDS, SEBASTIAN.....	1482	.....	1459
SHABAİK, AHMED.....	883, 1246	SHIH, JERRY.....	848, 1198, 1199	SONG, CAROL.....	1430
SHAH, MITA.....	1185	SHIMIZU, KELSIE.....	638	SONG, DELU.....	860, 1016, 1223
SHAH, SHAILJA.....	816, 1135	SHIRAKI, JEAN.....	477	SONG, JOYCE.....	354
SHAHIDYAZDANI, TINA.....	615	SHMARIAHU, SHELLY.....	1364	SONG, WEI.....	1246
SHAHTAJI, ALAN.....	281, 596	SHORT, ABIADE.....	290, 611	SOPHY, ELIZABETH.....	478
SHAMSINEJAD BABAKI, ARASH.503,	1153	SHORT, RICHARD.....	370	SORIA JIMENEZ, CESAR.....	837
SHANNON, KELLI.....	1174	SHU, I WEI.....	1545	SORIA LOPEZ, JOSE.....	659, 692, 1416
SHAPIRO, HILARY.....	778	SHULKIN, MITCHELL.....	1681	SORIA, CLAIRE.....	774, 1048
SHAPIRO, RACHEL.....	1319	SHUMILAK, KAILI.....	477	SOROKIN, LISA.....	858
SHARIF TABRIZI, AHMAD.	849, 1202	SHUMWAY, CALEB.....	660	SOSA, DAVID.....	312, 451
		SICKLES, MAGGIE.....	271	SOUDER, CHRISTOPHER.....	970, 1272
		SIETSMA, ALEXANDRA.....	1092, 1323	SOUTH BAY POST ACUTE CARE. .1457	

M. فهرس الرعاية الأولية

SOUTHBAY URGENT CARE INC. 1754	SUDHAKAR, DEEPTHI.650, 690, 735,	TAM, EMILY. ....950, 1019, 1446
SOZANSKI, JESSE..... 1333	1166, 1167, 1413, 1414	TAM, MAY. ....1681, 1682
SPAK, DARYL..... 645	SUGGS, SARAH..... 680, 768, 995	TAMAS, VANESSA..... 1272
SPARKS, TODD..... 678, 679, 768, 995	SULEIMAN-QAFITI, KHAWLA..... 542	TAMAYO, MAITHE..... 542
SPENCE, JAMIE..... 579	SULLIVAN, ELISSA..... 615	TAN, CARMELA..... 896, 1319
SPENGLER, NATHAN..... 913, 1356	SULLIVAN, THOMAS.....934, 1394	TAN, LO FU..... 597
SPEZIALE, MARK..... 654, 1183	SUMMERS-DAY, COURTNEY.478,	TANAKA, HIDEAKI..... 699, 1119
SPITZER, MARSHA..... 540, 541	765, 1130	TANAKA, MARY..... 269
SREJIC, UNA..... 1048	SUN, ALEX..... 914, 1357, 1358	TANG, ANDREW..... 971, 1272
SRIDHAR, SUNITA..... 1286	SUNA-SITTO, MOHEEN..... 617	TANG, MICHAEL..... 824
SRILASAK, MICHELE.....706, 793, 1438	SUPAT, BENJAMIN..... 809	TANGELO..... 1695
ST PAULS HEALTH CARE CENTER.	SURI, RAJAT..... 978, 1451	TANTISIRA, KELAN..... 1293
.....1469	SUSAN PARHAM HOUSING	TANTISIRA, LALITA..... 1122, 1154
ST VINCENT DE PAUL VILLAGE	CORPORATION.....1473	TANTOD, KULIN.....348
FAMILY HEALTH CENTER.117, 118, 119,	SUTHERLAND, ANNA..... 1110	TAPIA, ASHLEY..... 1556
120	SUTHERLAND, PAIGE..... 1501, 1546	TARLE, STEPHANIE.902, 1332, 1501,
ST VINCENT DE PAUL VILLAGE	SUTTON, BRIAN..... 724	1546
FAMILY HEALTH CENTER, 489	SUYAMA, JULIE..... 856, 1214	TARVER, LESLIE..... 1502
STABEN, REBECCA.290, 329, 375,	SUYDAM, STEVEN..... 775, 1048	TAUB, PAM..... 837
520, 625	SWAN, MELANIE..... 310	TAYLOR, CHRISTOPHER.403, 762,
STABENAU, KALEIGH..... 874	SWARTZ, ERIN..... 1093	1007, 1008, 1438
STAHL, KEVIN..... 679, 680	SWARTZ, JOHN..... 281, 479	TAYLOR, DAVID..... 830, 1154
STALEY, MICHAELA..... 596	SWEAT, MARIE..... 1199	TAYLOR, KAYLA..... 444, 445
STALLINGS, ANDREA..... 1319	SWEENEY, DANIEL..... 700	TAYLOR, TASHA..... 615, 1425
STANFORD COURT SKILLED	SWEENEY, NATHALY..... 737, 1184	TCHAKMAKJIAN, LEVON..... 324
NURSING AND REHAB CENTER. 1470	SWEET, JASON..... 1358	TECOMA, EVELYN..... 848, 1199, 1200
STEINBERG, LEONARD..... 1254	SWEET, PATRICK..... 596	TEE, ALEXANDRA..... 282
STENSMAN, LARS..... 261, 262	SWEIGERT, JAMIE..... 1546	TEETER-WITT, ALYSSA..... 756, 1490
STEPENOSKY, JAMES. . 913, 1356, 1357	SWORDS, KELLY..... 1407	TEJEDA, FRANCISCO..... 599
STEPHENS, LAURA..... 1247	SY, RAMON..... 605	TELLECHEA-SANCHEZ, SELMIRA.355
STEPHENSON, SAMUEL..... 927, 1386	SYED-UDDIN, SUMIYAH..... 953	TERRAMANI, THOMAS..... 949
STERN, MARLEIGH..... 1110		TERRY, AMANDA..... 341
STEVENSON, REHEIA..... 793, 953	T	TEW, JOHN..... 1605
STEWART, TYLER..... 820	TA, MINI..... 1688	THACH, QUEEN..... 664, 693, 991
STIPHO, SALLY..... 490	TA, TRANG..... 1681	THACH, TERILYN..... 1600
STOJANOVSKA, JOVANA..... 762	TABAREZ, NORMA..... 698	THACKABERRY, JESSICA..... 1547
STONE, CALVIN..... 1490	TADDONIO, MICHAEL..914, 1358, 1359	THAI, AMANDA..... 1688
STONES, RACHEL..... 385	TADROS, ANTHONY..... 914, 1359, 1360	THAI, JUSTIN..... 479
STOVER, LAURIE..... 1304	TAFRESHI, GILDA..... 507	THAN, CINDY..... 1569
STRAKA, CHRISTOPHER..... 1357	TAGHIZADEH, BEHZAD..... 940	THANGARAJAH, HARIHARAN.635,
STRAZICICH, KARLA..... 354	TAGHIZADEH, MAJID..... 452	980, 1397, 1398
STUMP, CHARI..... 541	TAHRIRI, BAHAREH..... 580	THAPER, MOHINDERPAL..... 1034
SUAREZ, ROBERTO..... 1545	TAI, KUANGKAI..... 421	THAYER, KARISA..... 985
SUBRAMANIAN, RAMA..... 541	TAING, JENNIFER..... 1093	THE COVE AT LA JOLLA..... 1462
	TALAVERA, GREGORY..... 282, 597	
	TALBOT, ADRIANNE..... 1093	

THE DORTHY AND JOSEPH GOLDBERG HEALTHCARE CENTER. .....1460	TRAN, ALEXANDER..... 1601, 1684	TZENG, ERIC.....776, 1050
THE PAVILION AT OCEAN POINT. .....1469	TRAN, HENRY..... 1634	U
THE SPRINGS AT PACIFIC REGENT. .....1469	TRAN, KELLY..... 445	U, HOI..... 931, 1389
THE VILLAS AT POWAY.....1466	TRAN, KIM..... 984, 985	UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER.1455, 1456
THIRUNAGARI, HARRSHA.....355	TRAN, LINH. .702, 834, 955, 1164, 1450	UCSD LA JOLLA JOHN SALLY THORNTON.....1456
THOMAS, KELSEY..... 902, 903, 1502	TRAN, MICHAEL.....1689	UCSD MEDICAL CTR.....1456
THOMAS, ROBERT..... 1155	TRAN, THAO.....1693	UCSD MEDICAL GROUP, 506
THOMAS, ZACHARY..... 479	TRAN, THERESA..... 971, 1273	UDOH, EKAETE..... 553
THOMPSON, CHERYL.....348	TRAN, TONNIA..... 480	ULRICH, STACEY.....1274
THOMPSON, COURTNEY.....1094	TRAN, TU-UYEN.....626	UNG, HOAMENG..... 848, 1200
THOMPSON, KYLE.727, 760, 980, 1030, 1398	TRAN, UYEN-THAO..... 480	UNGER, LINDSEY..... 921, 1373
THOMSON, SAMANTHA..... 856, 1215	TRANG, CHAU.....1685	UNIVERSITY CARE CENTER.....1469
THYGERSEN, ALAYSA..... 764	TRAUT, JOEL.....1273	UNSDORFER, KYLE..... 915, 1360
TILLMAN, SYLVIA.....1633, 1682	TREJO, ANA..... 794, 1094	UNTERBERG, STEPHEN.....1407, 1408
TILTON, PETER.....1547	TREJO, RAUL..... 282, 597	UPASANI, VIDYADHAR.979, 1029, 1395
TITANIUM HEALTHCARE.....1698	TRESSLAR, PERI.....644	URIBE-BRUCE, LILIANA..... 503
TO, BRITTANY.1567, 1582, 1600, 1614, 1633, 1648, 1649, 1683	TREUNER, JULIE..... 553	UTZ, JACK..... 597
TO, TUAN..... 1332, 1333, 1547	TRI CITY MEDICAL CTR..... 1455	UWEDJOJEVWE, LETICIA.....286
TODD, MIKAYLA..... 259, 342, 445, 619	TRIMM, CASSIDY..... 919	UY, ASHLEY..... 312
TODD, SARAH.....750, 1024, 1273	TRINGALE, KATHRYN.....1338	UY, CARMELITA.....392
TOLBA, KAMEI..... 341	TRINH, RACHELLE..... 1575	V
TOLEDO-NADER, CAROLL.....282	TRIVEDI, SURAJ..... 775, 1049	VAHABZADEH-HAGH, ANDREW.874, 875, 1240
TOLENTINO, ARTURO..... 1412	TROYER, EMILY.....1482, 1548	VAHDAT, NOUSHIN..... 915, 1360, 1361
TOLMIE, SIMONE..... 448	TRUECARE.23, 24, 25, 71, 72, 73, 107, 108, 109, 111, 112, 210, 211, 212, 213, 214, 215, 216, 217, 218	VAIDYA, KAMALA. 667, 750, 1024, 1274
TOMASZEWSKI, DEBRA..... 552	TRUECARE, 267, 409, 421, 566, 567	VAISMAN, SAMANTHA.....680, 768
TOMLIN, JEFFREY.....1389	TRUJILLO, DALE.....795	VAKILIAN, SIAVOSH..... 757, 1361
TON-NU, MY LINH.1567, 1582, 1589, 1601, 1615, 1633, 1634, 1649, 1683	TRUJILLO, JENNIFER..... 290, 521	VALDEZ, KRYSTAL ANGELI...504, 1123
TONG, ALEXANDER..... 823, 1143	TRUJILLO, MIGUEL..... 618	VALENCIA, MARILES.....301, 393
TONG, GARRICK..... 1553	TRUONG, NHA..... 480	VALENZUELA, TRICIA.....481
TONNU, ANH.....1583, 1615, 1634, 1684	TRUONG, VENNES..... 452	VALLE VISTA POST ACUTE.....1461
TOPILOW, NICOLE..... 860	TSAI, MATTHEW..... 816, 817, 1135	VAN DYKE, JASON..... 560
TOPPEN, LAURA.....793, 794, 1094	TSUCHIYA, KIMIKO..... 480	VAN HOLLEBEKE, RACHEL.. 261, 598
TORRES, HECTOR..... 1420, 1553	TSUDA, PAIGE..... 775, 1049	VAN HOOSE, MARC.....1685
TORRES, RANDALL..... 634, 1479	TSUI, NANCY.....1634	VAN PRATT LEVIN, BENJAMIN..... 1131
TOTH, JESSICA..... 372	TU, BEVERLY.....1635	VANDEWIELE, EMILY.....1370
TOUBIA, ELIAS..... 1575, 1650, 1691	TU, MONIQUE.....1049	VANE, JACKSON.....1275
TOVAR, NICOLE..... 560	TUCKER, LANIKA.....795, 1094	VANETSKY, GARY..... 724
TOVARPADUA, LEIDY.....1146	TUEROS, VICTORIA.....445	VANWOY, LAUREN.....1275
	TULLY, JEFFREY..... 775, 1049	VARGAS, CHRISTOPHER.....669, 670
	TUNG, VIVIAN.....364	
	TURNER, ERIC.....338, 627	
	TURNER, SHEREENA..... 338, 553	
	TWAMLEY, ELIZABETH.....1333, 1548	

VARGAS, JACLYN.946, 1024, 1275, 1276	VINCENT, BERLIN. ....1101	WANG, HUAN YOU.....821, 1140
VARGAS, ROBERT.....553	VINCENT, LAUREN.....273	WANG, MICHELLE.....776
VARGASTRUJILLO, MARCELA.975, 1279	VINH, JOHN.1583, 1589, 1615, 1635, 1650	WANG, REGINA.....481
VASQUEZ, BENJAMIN. ....920, 1370	VISTA COMMUNITY CLINIC.86, 112, 113, 252, 253, 254, 255, 256, 257, 258, 1718	WANG, VINCENT.....1277
VAUGHN, GABRIELLE.....1255	VISTA COMMUNITY CLINIC GRAPEVINE.....250, 251, 252	WANG, YVETTE.....1277
VAVINSKAYA, VERA.....883, 1247	VISTA COMMUNITY CLINIC GRAPEVINE, .....630	WARD, KATHERINE.....364, 365
VAYNGORTIN, TATYANA.....1276	VISTA COMMUNITY CLINIC HORNE STREET.....110	WARDI, GABRIEL.....702
VAZQUEZ-ERLBECK, MARTHA.....584	VISTA COMMUNITY CLINIC HORNE STREET, .....410	WASSON, MINA.....543
VCC DURIAN.....250	VISTA COMMUNITY CLINIC PIER VIEW WAY.....113, 114	WASTILA, LISA.....504, 1155
VCC DURIAN, .....630	VISTA COMMUNITY CLINIC PIER VIEW WAY, .....411	WATERS, ELIZABETH.....543
VEGA, CAROLINA.....971, 1276	VISTA COMMUNITY CLINIC, .359, 360, 409, 410	WATSON, DEBORAH.875, 876, 1240, 1241
VEGA, TERESA.....271, 446	VISTA HEALTHCARE CENTER.....1473	WATTANAMANO, PORNTHEP.....505
VELASQUEZ, SHARON.283, 386, 598, 646	VISTA HOUSE.....1473	WATTS, ELI.....505
VELAZQUEZ CAMARENA, MARIA.287, 605	VISTA KNOLL SPECIALIZED CARE FACILITY.....1474	WEATHERLY, JACOB.....543
VENNAM, VAMSIKRISHNA.....1491	VIVIRITO, MARY.1568, 1590, 1602, 1615, 1636, 1650, 1651, 1685	WEAVER, AMANDA.....1485
VENTRO, GEORGE.....923, 1376	VO, ANDREW.....862, 1226, 1227	WEAVER, APRIL.....633
VERCHER, ROSHON.....1491	VO, ANDREW MINH.....1616, 1685	WEBB, SHANNON.....1320
VERDUZCO GONZALEZ, AURORA.....310, 379	VO, PHU LUONG.....1131	WEBSTER, LUKE.....1156
VERISSIMO, TAYLOR.....680, 681, 769	VOLUNTEERS OF AMERICA SOUTHWEST CALIFORNIA INCORPORATION.....1715	WEICKERT, MARIA.....446
VERRET, ERIC.....1601	VOSSLER, JOHN.....1404	WEIR, JACQUELINE.....897, 1321
VETTICADEN, SANTOSH.....351	VU, PETER.....820, 1139	WEISSBROD, PHILIP.876, 877, 1241, 1242
VIA RIO HOUSE.....1462		WEISSMAN, CORY.....1549
VIBAL-POASTER, MARIA.....1095		WELLS, TODD.....1040
VICTORIA POST ACUTE CARE.....1459		WEN, AKI YEN CHANG.....287, 605
VIDAL, MONICA.....409		WERNER, R AARON.....1583
VIDAURRAZAGA, MONICA.....504		WERNER, REX.....1583
VIDEEN, JOHN.....656		WEST, JULIE.....958, 1035, 1184
VILLA CORONADO CONVALESCENT.....1457		WESTERMANN, MELISSA.652, 1012, 1174, 1175
VILLA LAS PALMAS HEALTHCARE CTR.....1460		WESTERN ADHC.....1476
VILLA RANCHO BERNARDO CARE CENTER.....1469		WETTERSTEN, NICHOLAS....838, 956
VILLA, ANGELICA.....1575		WHEELER, KIM.....695, 1485
VILLA, MARIA.....481		WHITE, KATHERINE.....481
VILLALOBOS, REBECA.....446		WHITE, KERI.....1033
VILLANUEVA DE GUTIE, BERENICE.....310, 379		WHITE, KYLE.....947
VILLANUEVA, GIOVANNI.681, 769, 996		WHITEHURST, UNIQUE.....1095, 1096
		WHITLEY, NICHOLAS.....283
		WIENER, GREGORY.....646, 647
		WIETZKE, MATTHEW.....1096
		WIJAYARATNE, IMANIE.....673, 1482
		WILAND, WINONA.....639
		WILCOX, WENONAH.....641
		WILKIN, TIMOTHY.....1146

W

WAGONER, KENYADA.....1492
WAHLIN, TAMARA.....897, 1320
WALDRUP, LARHONDA.....731, 1095
WALKER, JULIE.....1370
WALLACE, STEPHANIE.....1447
WALSH, JOHN.....755
WANG, ANGELA.....830, 1155
WANG, DEHUA.....1247

WILLIAMS, BREAHA..... 311, 380, 447	YAO, CATHERINE..... 301	ZELAC, DANIEL.....263
WILLIAMS, JESSICA.....561	YAPHOCKUN, KARENKIM.....1278	ZHANG, HAIYAN.....884, 885
WILLIAMS, JINA..... 629	YCASAS, EMILY..... 1411, 1439	ZHANG, SHERRY..... 831, 1157
WILLIAMS, MATTHEW..... 967, 1255	YEANG, CALVIN.....1054	ZHAO, TAILUN.1584, 1590, 1602, 1617, 1687
WILLIAMS, STACY..... 920, 1370, 1371	YELLEN, LAURENCE.....941	ZHONG, YAN.....1186
WILLIAMS, TAKISHA.271, 311, 372, 446, 622	YEO, ALEXANDRIA.....706, 795	ZHOU, JENNY.....1140
WILSON, CARLENE..... 1513, 1514, 1562	YIDI, DIANA.....1549	ZIEG, ALAN.291, 329, 376, 521, 522, 626
WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL..... 1470	YOO, RAPHAEL..... 1361, 1362	ZIMBRIC, MICHAEL..... 738, 1201
WINDSOR GARDENS CONV CTR OF SAN DIEGO.....1465	YOON, RYAN.....283	ZIMMERMAN, JENNIFER.....1550
WINESBURG, JENNIFER..... 989	YOON, TAE HYUN..... 325	ZINK, IRENE.....482
WINKLER, GARRET..... 809	YORK, VINCENT.....915, 1362	ZLATAR, ZVINKA..... 903, 1503
WISHNEK, HANNAH..... 1502	YOU, ALAN..... 810, 1119	ZUBAIR, RAHEEL..... 636, 1110
WITCZAK, IZABELA.....567, 568	YOUNAN, LAWRENCE.....776, 1050	ZVANUT, DONALD.1584, 1590, 1602, 1617, 1637, 1652
WOELKERS, DOUGLAS..... 710, 840	YOUNG, ALLA..... 1577, 1636	
WOLF, CELIA..... 447	YOUNG, JENNIFER..... 267	
WOLF, RICHARD..... 711, 840, 1175	YOUNG, JOCELYN.....722, 1283	
WOLFE, AMANDA.....1031	YOUNG-PEN, TONI.....554	
WONG, GORDON.....1686	YOUNOSZAI, ADEL.....1255	
WONG, IAN.....543	YOUSEF, ANDREW.....524	
WONG, MAYBELLE..... 1096	YOUSSEF, FADY..... 817, 1136	
WONG, RICHARD..... 880, 1244	YU, AUDRINE..... 920	
WONG, SHARON.....1636	YU, CAROL.862, 863, 1227, 1616, 1617, 1686	
WONG, VANESSA..... 1277	YU, ELAINE..... 810, 1119	
WONG, VICTOR.....1286	YU, HELENA.....1287	
WONG, YOLANDA.....544	YU, JENNIFER.....1287	
WOO, ANDY..... 1096, 1097	YUAN, HENRY..... 657	
WRIGHT, DEREK.670, 755, 1027, 1321, 1322	YUNG, DORIS.....422	
WRIGHT, KIMBERLY.....1032	YUNG, STEVEN.....505	
WU, EVA..... 1651		
WU, JENNIFER.....482	Z	
WU, MICHELLE.....1549	ZABLIT, KARIM.....524	
WYLIE, BLAKE.....261, 362	ZAGE, PETER.....1287	
Y	ZAHEER, AARON.....544, 545	
YADLAPATI, RENA.....830, 831	ZAHLER, MARVIN.....482	
YAGUDAYEVA, RAISA..... 1549	ZAIDI, NOORINA.718, 744, 1568, 1584, 1602, 1617, 1637, 1651, 1686	
YAMADA, KENTARO..... 1224	ZAMBRANA, GEORGE.....338	
YAMANE, MAYA.717, 743, 962, 1016, 1224	ZAND, FARIBA.....355	
YAN, CAROL.....877, 878, 1242	ZANDER, ASHLEY..... 936, 937	
YANG, JENNIFER..... 1200	ZANGEN, ROCHELLE.....422	
YANG, JENNY.....831, 1156	ZAPALA, MATTHEW.....915, 1362, 1363	
	ZARE, SOMAYE.....884	
	ZARGAR, SHABNAM.....301	
	ZAYAS, MARIO.....1550	
	ZECHA, RONALD.....343	

عنوان المراسلة بالبريد:

Blue Shield of California Promise Health Plan

3840 Kilroy Airport Way

Long Beach, CA 90806

رعاية العملاء

855-699-5557 (855)، من 8 صباحاً حتى 6 مساءً

من الإثنين إلى الجمعة

مساعدة ضعاف السمع TTY

(California) من خلال خدمة ترحيل المكالمات في (711،

من الساعة 8 صباحاً حتى 6 مساءً.

من الإثنين إلى الجمعة

blueshieldpromise.com

DIR50528-SD-AR 02/2025



Promise Health Plan

Blue Shield of CA Promise Health

PO Box 4317

Woodland Hills, CA 91365-4317

PRESORTED
BOUND PRINTED
MATTER
U.S. POSTAGE **PAID**
BSC