



Medi-Cal

Condado de San Diego | February 2025



Promise Health Plan





Promise Health Plan

## LANGUAGE ASSISTANCE NOTICE

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

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

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

ប្រាសាទកម្ពុជា (Cambodian) ចំណាំ: បើសិនអ្នកត្រូវការជំនួយ ជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅលេខ 1-855-699-5557 (TTY: 711) ។ ជំនួយ និងសេវា សំរាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរព្រីល សំរាប់ជនពិការភ្នែក 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 serbisyong ito.

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

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

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

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# A. Introducción

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

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

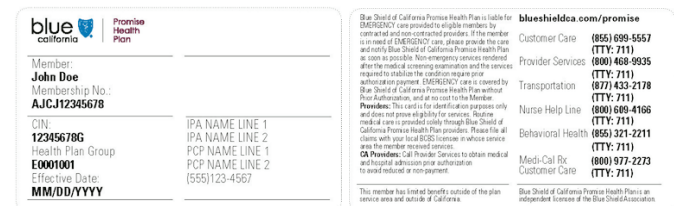
## Cómo cambiar de PCP

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

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

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

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



*Tarjeta de Identificación de Blue Shield (BIC)*

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

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

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

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

### **Cómo usar este Directorio**

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

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

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

**(855) 699-5557** [TTY: **711**]. O visite nuestra oficina de lunes a viernes, de 8:00 a. m. a 6:00 p. m. No es necesario tener una cita previa. Nuestro personal cuenta con miembros que hablan su idioma. También puede visitar nuestro sitio web en [blueshieldca.com/promise](http://blueshieldca.com/promise).

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

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

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

de su cita.

igualitario a los servicios cubiertos, incluso para los inscritos que tienen alguna discapacidad. Todos los proveedores reciben y deben hacer un entrenamiento en competencia cultural.

### **Servicios de intérpretes**

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

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

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

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



## AVISO DE NO DISCRIMINACIÓN

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

Blue Shield of California Promise Health Plan proporciona:

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

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

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

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

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

Blue Shield of California Promise Health Plan Customer Care

3840 Kilroy Airport Way, Long Beach, CA 90806

(800) 605-2556 (Los Angeles)

(855) 699-5557 (San Diego)

TTY: 711

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## CÓMO PRESENTAR UNA QUEJA

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

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

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

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

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

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

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

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

# Red De Proveedores De Blue Shield Promise

## Definiciones e información general

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

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

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

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

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

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

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

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









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

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

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

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

## Símbolos Usados En El Directorio De Proveedores

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

cualquiera de los siguientes tipos de médicos:

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

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

## Indicadores De Accesibilidad Física En El Directorio De Proveedores

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

### **E = Sala de exámenes**

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

### **EB = Instalaciones externas**

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

### **IB = Instalaciones internas**

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

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

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

### **P = Estacionamiento**

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

### **R = Baño**

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

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

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

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



## Explicaciones de los Códigos de Accesibilidad

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

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

# Cómo Leer las Listas de Proveedores

La siguiente información puede ayudarlo a elegir su PCP.

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

## Ejemplo:

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

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

# Reglas Para Recibir Atención A Tiempo

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

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



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

**San Diego:**

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



## B. Clínicas de salud con calificación federal

### ALPINE

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

Phone: 619-445-6200

After Hours Phone: 619-445-6200

License Number: 20A17296

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone: 619-662-4100

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: 90000681

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A158569

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

#### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: 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

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

## B. Clínicas de salud con calificación federal


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.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*

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

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

Phone: 619-662-4100

Fax: 619-205-6305

After Hours Phone: 619-662-4100

License Number: DC28335

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### BORREGO SPRINGS

#### BORREGO MEDICAL CLINIC

Provider ID: 185179

4343 YAQUI PASS RD BORREGO SPRINGS, CA 92004

Phone: 760-767-5051

After Hours Phone: 760-767-5051

License Number: C39104

NPI: 1134144165

Accepting New Patients: Yes

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

#### 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

#### 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

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

## B. Clínicas de salud con calificación federal

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

### BORREGO MEDICAL CLINIC

Provider ID: 185179

 4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

 Phone: 760-767-5051

Fax: 760-767-4552

 After Hours Phone:  
760-767-5051


License Number: G85319

NPI: 1134144165


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU-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


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## B. Clínicas de salud con calificación federal








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

Accepting New 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

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

## B. Clínicas de salud con calificación federal


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


 *Website: 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*

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## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-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

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

## B. Clínicas de salud con calificación federal


 Phone: 619-662-4100  
 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](http://www.ihpsocal.org)

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736


 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100


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

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

Provider ID: 427322


 678 3RD AVE  
CHULA VISTA, CA  
91910-5736


 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736


 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

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

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

Provider ID: 427322


 678 3RD AVE  
CHULA VISTA, CA  
91910-5736


 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: 20A14025

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


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## B. Clínicas de salud con calificación federal

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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


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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A9060


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A106103


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

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

Provider ID: 427322

 678 3RD AVE

CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A114600


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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

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## B. Clínicas de salud con calificación federal


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


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

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*


*License Number: A115598*

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

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:*

*619-662-4100*


*License Number: A115699*

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

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:*


*619-662-4100*


*License Number: A120584*

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

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*


*License Number: A120672*

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

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A121861*

*NPI: 1598122871*

*Accepting New Patients: Yes*


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## B. Clínicas de salud con calificación federal

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A123492


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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A123604


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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A127706


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


### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE

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## B. Clínicas de salud con calificación federal

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A138474  
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](http://www.ihpsocal.org)





### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A138534  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None







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

### SAN YSIDRO HEALTH CHULA VISTA

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

619-662-4100  
License Number: A159831  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: A162816  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


## B. Clínicas de salud con calificación federal

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

### **SAN YSIDRO 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


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A177922

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A40473

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

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## B. Clínicas de salud con calificación federal

*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*

*Min/Max Age: 0\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:*

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



## B. Clínicas de salud con calificación federal

619-662-4100  
License Number: 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](http://www.ihpsocal.org)

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100



 After Hours Phone:  
619-662-4100


License Number: A69264

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100



 After Hours Phone:  
619-662-4100

License Number: A77936

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\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](http://www.ihpsocal.org)

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A80185

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100



 After Hours Phone:  
619-662-4100

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


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## B. Clínicas de salud con calificación federal

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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


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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: DC20760


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


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

Provider ID: 427322

 678 3RD AVE

CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: DC31963


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

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

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: DC33295


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

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

## B. Clínicas de salud con calificación federal


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

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

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*


*License Number: DDS102880*

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

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:*

*619-662-4100*


*License Number: DPM2930*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


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

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*


*License Number: G57243*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

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

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*


*License Number: G59670*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

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

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

*American Sign Language (ASL):*

*N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

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

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

*Provider ID: 427322*

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: G72486*

*NPI: 1598122871*

*Accepting New Patients: Yes*


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

## B. Clínicas de salud con calificación federal

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G74728


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G80234


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: NP12112


NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE  
CHULA VISTA, CA  
91910-5736

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

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

### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE

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

## B. Clínicas de salud con calificación federal

CHULA VISTA, CA  
91910-5736  
 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](http://www.ihpsocal.org)



### SAN YSIDRO HEALTH CHULA VISTA



Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: SP18192  
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](http://www.ihpsocal.org)




### SAN YSIDRO HEALTH CHULA VISTA





Provider ID: 427322  
 678 3RD AVE  
CHULA VISTA, CA  
91910-5736  
 Phone: 619-662-4100  
Fax: 619-425-1184  
 After Hours Phone:  
619-662-4100  
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](http://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](http://www.ihpsocal.org)

### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546  
 1637 3RD AVE STE H  
CHULA VISTA, CA  
91911-5823  
 Phone: 619-205-1376  
 After Hours Phone:  
619-205-1376  
License Number: A179598  
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](http://www.ihpsocal.org)

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

## B. Clínicas de salud con calificación federal

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

### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546

1637 3RD AVE STE H  
CHULA VISTA, CA  
91911-5823

Phone: 619-662-4100

Fax: 619-336-2323

After Hours Phone:  
619-662-4100

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

### FAMILY HLTH CTR SAN

#### DIEGO-RICE FAM HC

Provider ID: 417641

352 L ST  
CHULA VISTA, CA  
91911-1208

Phone: 619-515-2325

After Hours Phone:  
619-515-2325

License Number: A144995

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

### FAMILY HLTH CTR SAN

#### DIEGO-RICE FAM HC

Provider ID: 417641

352 L ST

CHULA VISTA, CA  
91911-1208

Phone: 619-515-2325

After Hours Phone:  
619-515-2325

License Number: PA19306

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN

#### DIEGO-RICE FAM HC

Provider ID: 417641

352 L ST  
CHULA VISTA, CA  
91911-1208

Phone: 619-515-2325

Fax: 619-420-0660

After Hours Phone:  
619-515-2325

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

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

## B. Clínicas de salud con calificación federal

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

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


## B. Clínicas de salud con calificación federal

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A114181

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

 Phone: 619-515-2500

 After Hours Phone:  
619-515-2500

License Number: A119689

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### CHULA VISTA FAMILY HLTH CTR






Provider ID: 206355




 251 LANDIS AVE

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






## B. Clínicas de salud con calificación federal







CHULA VISTA, CA  
91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
 License Number: 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  
 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

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

## B. Clínicas de salud con calificación federal

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

### 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

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


## B. Clínicas de salud con calificación federal

*Cultural Competency: 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

 *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*

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

## B. Clínicas de salud con calificación federal

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: NP10943

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

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

## B. Clínicas de salud con calificación federal

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

Phone: 619-515-2500

After Hours Phone:  
619-515-2500

License Number: 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

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


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


## B. Clínicas de salud con calificación federal

 Phone: 619-515-2500  
 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](http://www.fhcsd.org)

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628


 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500


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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355


 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628


 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500

License Number: PT291706  
 NPI: 1134155377

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

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

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



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

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

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

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628

 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500

License Number: PT293536  
 NPI: 1134155377

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

## B. Clínicas de salud con calificación federal

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

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

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

📍 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

☎ Phone: 619-515-2500

📞 After Hours Phone: 619-515-2500

License Number: PT294245

NPI: 1134155377

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

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

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

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

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

### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

📍 251 LANDIS AVE  
CHULA VISTA, CA  
91910-2628

☎ Phone: 619-515-2500

📞 After Hours Phone: 619-515-2500

License Number: PT37189

NPI: 1134155377

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

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

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

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### 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

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

## B. Clínicas de salud con calificación federal

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

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

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

### EL CAJON

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

#### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416

 Phone: 619-795-5991

 After Hours Phone:  
619-795-5991


License Number: 20A6433

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA MAESTRA FAMILY CLINIC

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

#### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

 1032 BROADWAY  
EL CAJON, CA 92021-7416

 Phone: 619-795-5991

 After Hours Phone:  
619-795-5991


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

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



## B. Clínicas de salud con calificación federal

### LA MAESTRA 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](http://www.lamaestra.org)

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: G50634

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

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

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: PA21625

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

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
619-795-5991

License Number: PA58466

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

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

### LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY  
EL CAJON, CA 92021-7416

Phone: 619-795-5991

Fax: 619-795-5992

After Hours Phone:  
619-795-5991

NPI: 1609849074

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### 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

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

## B. Clínicas de salud con calificación federal

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


### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

 165 S 1ST ST

EL CAJON, CA 92019-4795

 Phone: 619-312-0347

 After Hours Phone:  
619-312-0347

License Number: A68184


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):


N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: LA

MAESTRA FAMILY CLINIC


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

### LA MAESTRA 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  
PROVIDER


Medical Group/IPA: LA

MAESTRA FAMILY CLINIC


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


### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185267

 165 S 1ST ST

EL CAJON, CA 92019-4795

 Phone: 619-312-0348

 After Hours Phone:  
619-312-0348

License Number: G45632


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC


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

FOUNDATION

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


## B. Clínicas de salud con calificación federal


 Website: N/A

### **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

 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

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

## B. Clínicas de salud con calificación federal


FOUNDTION

 Website: N/A

### 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

 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


FOUNDTION

 Website: N/A

### CENTRO MEDICO EL CAJON

Provider ID: 478971

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

 Phone: 619-873-8940

 After Hours Phone:  
619-873-8940

License Number: DPM1536


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-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: 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


FOUNDTION

 Website: N/A


### CENTRO MEDICO EL CAJON

Provider ID: 478971

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

 Phone: 619-873-8940

Fax: 619-401-0522

 After Hours Phone:  
619-873-8940


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

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## B. Clínicas de salud con calificación federal


### COMMUNITY HEALTH FOUNDTION

 Website: N/A


### CENTRO MEDICO EL CAJON

Provider ID: 478971

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

 Phone: 619-873-8940

Fax: 619-401-0522

 After Hours Phone:  
619-873-8940

License Number: 550000430


NPI: 1134144165

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: Yes

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO

COMMUNITY HEALTH


FOUNDTION


 Website: N/A


### 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

 After Hours Phone:  
619-515-2499

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## B. Clínicas de salud con calificación federal

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

### CHASE AVENUE FAMILY

#### HEALTH CTRS INC

Provider ID: 206354

1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Phone: 619-515-2499

After Hours Phone:  
619-515-2499

License Number: DC33150

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT

### PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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

### CHASE AVENUE FAMILY

#### HEALTH CTRS INC

Provider ID: 206354

1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Phone: 619-515-2499

Fax: 619-593-7164

After Hours Phone:  
619-515-2499

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### SAN YSIDRO HEALTH 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


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## B. Clínicas de salud con calificación federal




 *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*  
 *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*

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



## B. Clínicas de salud con calificación federal

License Number: 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

### **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

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## B. Clínicas de salud con calificación federal


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

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

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## B. Clínicas de salud con calificación federal

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

### 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

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## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 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

### 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  
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

### 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


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## B. Clínicas de salud con calificación federal

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 20A14919

NPI: 1134155377

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


 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: 20A7241

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: A108228

NPI: 1134155377

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


 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A116680

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A118095

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A127798

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None


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## B. Clínicas de salud con calificación federal

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: A134303

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: A138815

NPI: 1134155377

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


 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: A144974

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: A146838


NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A148014

NPI: 1134155377

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A152462

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A154298

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: A164859

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

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## B. Clínicas de salud con calificación federal

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: A178499

NPI: 1134155377

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


 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: A68463

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: A72005

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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

## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SAN 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](http://www.fhcsd.org)

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: DC33150

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: DC33869

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: DPM5661

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None


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

## B. Clínicas de salud con calificación federal

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: NM1721

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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: NP15444

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

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

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: NP95000205

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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

## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SAN 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](http://www.fhcsd.org)

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: NP95009180

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: NP95009292

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: NP95013978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

License Number: NP95021154

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None


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## B. Clínicas de salud con calificación federal

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: PA20396

NPI: 1134155377

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


 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: PA23258

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

License Number: PT292482

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498


 After Hours Phone:  
619-515-2498

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

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## B. Clínicas de salud con calificación federal

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

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
619-515-2498

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

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

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

Fax: 619-269-0191

After Hours Phone:  
619-515-2498

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

Fax: 619-269-0191

After Hours Phone:  
619-515-2498

License Number: 20A19473

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2498

Fax: 619-269-0191

After Hours Phone:  
619-515-2498

License Number: 550003553

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: 619-515-2499

After Hours Phone:  
619-515-2499

License Number: RN428876

NPI: 1134155377

Accepting New Patients: Yes

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

## B. Clínicas de salud con calificación federal

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

### FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 526 E MAIN ST  
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:  
619-515-2498

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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


### 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


 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: N/A







#### TRUECARE

Provider ID: 480243







 1130 2ND ST  
ENCINITAS, CA

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

## B. Clínicas de salud con calificación federal








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  
 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

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



## B. Clínicas de salud con calificación federal

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

#### 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  
Accepting New Patients: Yes  
Min/Max Age: 0\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

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


## B. Clínicas de salud con calificación federal


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

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

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100


License Number: A120771

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100


License Number: A139490

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100


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


### NEIGHBORHOOD

#### HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: A159727

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*


 *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:*

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

## B. Clínicas de salud con calificación federal

760-520-8100  
License Number: 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](http://www.ihpsocal.org)

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002



 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: DC12036

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

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: DC28605

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

### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

 After Hours Phone:  
760-520-8100

License Number: 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: [www.ihpsocal.org](http://www.ihpsocal.org)


### NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270

 460 N ELM ST  
ESCONDIDO, CA  
92025-3002

 Phone: 760-520-8100

Fax: 360-466-2745

 After Hours Phone:  
760-520-8100

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

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

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

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

## B. Clínicas de salud con calificación federal

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

### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

Phone: 760-520-8200

After Hours Phone:  
760-520-8200

License Number: A101773

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

Phone: 760-520-8200

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

### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

Phone: 760-520-8200

After Hours Phone:  
760-520-8200

License Number: A94128

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### NEIGHBORHOOD

#### HEALTHCARE GRAND AVE

Provider ID: 206269

1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604

Phone: 760-520-8200

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):







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

## B. Clínicas de salud con calificación federal

- N**  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ihpsocal.org*
- 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**
- Fax: 360-462-2749*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*  
 *Website: www.ihpsocal.org*
- NEIGHBORHOOD HEALTHCARE GRAND AVE**  
*Provider ID: 206269*  
 1001 E GRAND AVE  
ESCONDIDO, CA  
92025-4604  
 *Phone: 760-520-8200*  
*Fax: 360-462-2749*  
 *After Hours Phone: 760-520-8200*  
*License Number: 80000483*  
*NPI: 1598122871*  
*Accepting New Patients: Yes*  
*Min/Max Age: 0\None*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU-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 ESCONDIDO FAMILY MEDICINE**  
*Provider ID: 588941*  
 704 E GRAND AVE  
ESCONDIDO, CA  
92025-4405

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

## B. Clínicas de salud con calificación federal




 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 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  
 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

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## B. Clínicas de salud con calificación federal


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


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

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## B. Clínicas de salud con calificación federal

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

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

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## B. Clínicas de salud con calificación federal


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):

 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: 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):

 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

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## B. Clínicas de salud con calificación federal

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

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

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## B. Clínicas de salud con calificación federal


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  
SOUTHERN CALIFORNIA

 Website: N/A

### NEIGHBORHOOD HEALTHCARE PEDIATRIC 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](http://www.ihpsocal.org)

### NEIGHBORHOOD HEALTHCARE PEDIATRIC 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](http://www.ihpsocal.org)

### NEIGHBORHOOD HEALTHCARE PEDIATRIC AND PRENATAL

Provider ID: 206266

 425 N DATE ST  
ESCONDIDO, CA  
92025-3413

 Phone: 760-520-8340  
Fax: 360-462-2752

 After Hours Phone:

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## B. Clínicas de salud con calificación federal

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

### FALLBROOK

#### VISTA COMMUNITY CLINIC

Provider ID: 624122  
 321 E ALVARADO ST  
FALLBROOK, CA  
92028-2912  
 Phone: 760-723-6200  
 After Hours Phone:  
760-723-6200  
License Number: NP95003447  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: www.vistacommu  
nityclinic.org

#### FALLBROOK FAMILY HLTH CTR

Provider ID: 183910  
 1328 S MISSION RD  
FALLBROOK, CA  
92028-4006  
 Phone: 760-451-4720  
Fax: 760-451-4700  
 After Hours Phone:  
760-451-4720  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU-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

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


## B. Clínicas de salud con calificación federal


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


### IMPERIAL BEACH

#### IMPERIAL BEACH HEALTH CENTER

*Provider ID: 179678*

 949 PALM AVE  
IMPERIAL BEACH, CA  
91932-1503

 *Phone: 619-429-3733*

 *After Hours Phone:  
619-429-3733*


*License Number: A51447*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

 *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: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

*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*


*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*

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## B. Clínicas de salud con calificación federal

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

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

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## B. Clínicas de salud con calificación federal

 *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  
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*

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## B. Clínicas de salud con calificación federal

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

### NEIGHBORHOOD


#### HEALTHCARE LAKESIDE

*Provider ID: 353843*

 10039 VINE ST  
LAKESIDE, CA 92040-3120

 *Phone: 858-218-3000*

*Fax: 360-462-2744*


 *After Hours Phone:  
858-218-3000*


*License Number: 80000483*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes  
Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*


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

### LEMON GROVE

#### LEMON GROVE FAMILY HEALTH CENTER

*Provider ID: 419139*

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 *Phone: 619-515-2500*


 *After Hours Phone:  
619-515-2500*


*License Number: G78814*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *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 PROVIDER*

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


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


## B. Clínicas de salud con calificación federal


 Website: 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:  
619-515-2550


License Number: A114181


NPI: 1134155377

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## B. Clínicas de salud con calificación federal

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-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  
HEALTH CENTERS OF SAN  
DIEGO


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## B. Clínicas de salud con calificación federal


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550

License Number: 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

License Number: A178499


NPI: 1134155377

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

## B. Clínicas de salud con calificación federal

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-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  
HEALTH CENTERS OF SAN  
DIEGO


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## B. Clínicas de salud con calificación federal


 Website: N/A

### LEMON GROVE FAMILY HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
619-515-2550


License Number: 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


License Number: NP95013978


NPI: 1134155377

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

## B. Clínicas de salud con calificación federal

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-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  
HEALTH CENTERS OF SAN  
DIEGO


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


## B. Clínicas de salud con calificación federal

 Website: 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

### 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

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

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




## B. Clínicas de salud con calificación federal

 After Hours Phone:  
619-515-2399

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

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

Provider ID: 418930


 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856


 Phone: 619-515-2399

 After Hours Phone:  
619-515-2399


License Number: PA55660  
NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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


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

Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856


 Phone: 619-515-2399


Fax: 619-269-0053

 After Hours Phone:  
619-515-2399

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

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


Provider ID: 418930

 1000 EUCLID AVE  
NATIONAL CITY, CA

91950-3856

 Phone: 619-515-2399


Fax: 619-269-0053

 After Hours Phone:  
619-515-2399

License Number: 550000465  
NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### **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

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

## B. Clínicas de salud con calificación federal

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA MAESTRA FAMILY CLINIC


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-434-7308

 After Hours Phone:  
619-434-7308


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


### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE

NATIONAL CITY, CA  
91950-1518

 Phone: 619-434-7308

 After Hours Phone:  
619-434-7308


License Number: A123929

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LA


MAESTRA FAMILY CLINIC


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

### LA MAESTRA 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](http://www.lamaestra.org)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270

 217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

 Phone: 619-434-7308

 After Hours Phone:  
619-434-7308


License Number: G45632

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

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







### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270






 217 HIGHLAND AVE  
NATIONAL CITY, CA

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

## B. Clínicas de salud con calificación federal




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):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
 Phone: 619-564-8765  
 After Hours Phone:  
 619-564-8765  
 License Number: NP95009891  
 NPI: 1609849074  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Cultural Competency: No  
 Hours: SU-SA 9AM-5PM  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)







### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185270  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
 Phone: 619-798-3977  
 After Hours Phone:  
 619-798-3977  
 License Number: A41375  
 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](http://www.lamaestra.org)

### SAN YSIDRO HEALTH SOUTH BAY

Provider ID: 361428  
 330 E 8TH ST  
 NATIONAL CITY, CA

91950-2312  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A12653  
 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SOUTH BAY




Provider ID: 361428  
 330 E 8TH ST  
 NATIONAL CITY, CA  
 91950-2312  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A133539  
 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

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


## B. Clínicas de salud con calificación federal


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

### SAN YSIDRO HEALTH SOUTH BAY




Provider ID: 361428  
 330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: G71855

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


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


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

### SAN YSIDRO HEALTH SOUTH BAY




Provider ID: 361428  
 330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312  
 Phone: 619-662-4100  
Fax: 619-259-2807  
 After Hours Phone:

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


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


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

### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102  
 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410  
 Phone: 844-200-2426  
 After Hours Phone:  
844-200-2426


License Number: A74777  
NPI: 1801907449  
Accepting New Patients: Yes  
Min/Max Age: 0\None



Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Tagalog, Lao, Spanish  
Cultural Competency: No  
 Hours: SU-SA 8AM-6PM

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

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

### OPERATION SAMAHAN - NATIONAL C


Provider ID: 417102  
 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410


 Phone: 844-200-2426  
 After Hours Phone:  
844-200-2426

License Number: NP22974  
NPI: 1801907449


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






### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102  
 2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

 Phone: 844-200-2426

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

## B. Clínicas de salud con calificación federal








-  *After Hours Phone:*  
 844-200-2426  
*License Number:* 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.operationsamahan.org](http://www.operationsamahan.org)
- OPERATION SAMAHAN - NATIONAL C**  
*Provider ID:* 417102  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
 *Phone:* 844-200-2426  
*Fax:* 619-474-3919  
 *After Hours Phone:*  
 844-200-2426  
*NPI:* 1801907449  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:*  
 Tagalog, Lao, Spanish  
*Cultural Competency:* No  
 *Hours:* SU-SA 8AM-6PM
- American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:*  
 OPERATION SAMAHAN  
 *Website:* [www.operationsamahan.org](http://www.operationsamahan.org)
- OPERATION SAMAHAN - NATIONAL C**  
*Provider ID:* 417102  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
 *Phone:* 844-200-2426  
*Fax:* 619-474-3919  
 *After Hours Phone:*  
 844-200-2426  
*License Number:* 90000183  
*NPI:* 1801907449  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:*  
 Tagalog, Lao, Spanish  
*Cultural Competency:* No  
 *Hours:* SU-SA 8AM-6PM  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:*  
 OPERATION SAMAHAN  
 *Website:* [www.operationsamahan.org](http://www.operationsamahan.org)
- OPERATION SAMAHAN GRANGER SCHOOL BASED**  
*Provider ID:* 418302  
 2101 GRANGER AVE  
 NATIONAL CITY, CA  
 91950-6208  
 *Phone:* 844-200-2426  
 *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](http://www.operationsamahan.org)
- OPERATION SAMAHAN GRANGER SCHOOL BASED**  
*Provider ID:* 418302  
 2101 GRANGER AVE  
 NATIONAL CITY, CA  
 91950-6208  
 *Phone:* 844-200-2426  
*Fax:* 619-434-8999  
 *After Hours Phone:*  
 844-200-2426  
*NPI:* 1801907449  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None

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




## B. Clínicas de salud con calificación federal

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU-SA 8AM-5PM*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA:*  
*OPERATION SAMAHAN*  
 *Website: [www.operationsamahan.org](http://www.operationsamahan.org)*





### **OPERATION SAMAHAN GRANGER SCHOOL BASED**

*Provider ID: 418302*  
 2101 GRANGER AVE  
NATIONAL CITY, CA  
91950-6208  
 *Phone: 844-200-2426*  
*Fax: 619-434-8999*  
 *After Hours Phone:*  
*844-200-2426*  
*License Number: 550002622*  
*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](http://www.operationsamahan.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](http://www.ihpsocal.org)*

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


*Provider ID: 227412*  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 *Phone: 619-428-4463*  
 *After Hours Phone:*  
*619-428-4463*  
*License Number: G71855*  
*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](http://www.ihpsocal.org)*

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







*Provider ID: 227412*  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 *Phone: 619-662-4100*  
 *After Hours Phone:*  
*619-662-4100*  
*License Number: 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](http://www.ihpsocal.org)*






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

*Provider ID: 227412*  
 1136 D AVE




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



## B. Clínicas de salud con calificación federal



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






**SAN YSIDRO HEALTH  
NATIONAL CITY**  
Provider ID: 227412  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 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](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
NATIONAL CITY**  
Provider ID: 227412  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: C55180  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

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

**SAN YSIDRO HEALTH  
NATIONAL CITY**  
Provider ID: 227412  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
Fax: 619-336-2323

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

**SAN YSIDRO HEALTH  
NATIONAL CITY**  
Provider ID: 227412  
 1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
 Phone: 619-662-4100  
Fax: 619-336-2323  
 After Hours Phone:  
619-662-4100  
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):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF

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

## B. Clínicas de salud con calificación federal


SOUTHERN CALIFORNIA

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


### SAN YSIDRO HEALTH 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](http://www.ihpsocal.org)


### SAN YSIDRO HEALTH NATIONAL CITY

Provider ID: 227412

 1136 D AVE  
NATIONAL CITY, CA  
91950-3412

 Phone: 619-662-4100

Fax: 619-474-3722

 After Hours Phone:  
619-662-4100

License Number: G46444

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

### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

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

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

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

### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

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

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


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

### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

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

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

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



## B. Clínicas de salud con calificación federal

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

### SAN YSIDRO HEALTH

#### PARADISE HILLS

Provider ID: 227418

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

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A157488

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

### SAN YSIDRO HEALTH

#### PARADISE HILLS

Provider ID: 227418

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

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A167529

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH

#### PARADISE HILLS

Provider ID: 227418

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

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: G88347

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH

#### PARADISE HILLS

Provider ID: 227418

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

Phone: 619-662-4100

Fax: 619-259-2806

After Hours Phone:  
619-662-4100

License Number: 20A11518

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Tagalog, Spanish


Cultural Competency: No

Hours: SU-SA 8AM-5PM

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

## B. Clínicas de salud con calificación federal

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

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

 Phone: 619-662-4100

Fax: 619-259-2807


 After Hours Phone:  
619-662-4100

NPI: 1598122871


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

### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A

NATIONAL CITY, CA  
91950-2956

 Phone: 619-662-4100

Fax: 619-259-2807

 After Hours Phone:  
619-662-4100


License Number: A113624

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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


### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

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

 Phone: 619-662-4100

Fax: 619-259-2807

 After Hours Phone:  
619-662-4100


License Number: A71304

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Tagalog, Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

## OCEANSIDE

### 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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206341

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

## B. Clínicas de salud con calificación federal

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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000

License Number: NP95003571


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

### VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD  
OCEANSIDE, CA 2057-6043  
 Phone: 760-631-5000  
 After Hours Phone:  
760-631-5000


License Number: NP95009284

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


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


## B. Clínicas de salud con calificación federal

### VISTA COMMUNITY CLINIC

Provider ID: 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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC PIER VIEW WAY

Provider ID: 402434

 818 PIER VIEW WAY  
OCEANSIDE, CA  
92054-2803

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:  
760-631-5000

License Number: 80000510


NPI: 1598122871

Accepting New Patients: No

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: Yes

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


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### VISTA COMMUNITY CLINIC PIER VIEW WAY

Provider ID: 402434

 818 PIER VIEW WAY  
OCEANSIDE, CA  
92054-2803


 Phone: 760-631-5000


Fax: 760-414-3892

 After Hours Phone:  
760-631-5000

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

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


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### TRUECARE

Provider ID: 480315

 3220 MISSION AVE STE 1  
OCEANSIDE, CA  
92058-1354

 Phone: 760-433-3155

 After Hours Phone:  
760-433-3155


License Number: PA19825

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-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

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

## B. Clínicas de salud con calificación federal

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN 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

### 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 HORNE STREET

Provider ID: 402436

 517 N HORNE ST OCEANSIDE, CA 92054-2518

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: 20A17371

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

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

## B. Clínicas de salud con calificación federal

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

 *Hours: SU-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: 296476*

 605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

 *Phone: 760-736-6767*

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

## B. Clínicas de salud con calificación federal







<p> After Hours Phone: 760-736-6767 License Number: 20A7241 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No  Hours: SU-SA 8AM-5PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.ihpsocal.org</p>	<p> Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.ihpsocal.org</p> <p><b>TRUECARE</b> 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 <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> 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</p>	<p>760-736-6767 License Number: NP95013879 NPI: 1598122871 Accepting New Patients: Yes Min/Max Age: 0\None <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No  Hours: SU-SA 8AM-5PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: www.ihpsocal.org</p>
<p><b>TRUECARE</b> 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 <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No  Hours: SU-SA 8AM-5PM American Sign Language (ASL): N</p>	<p><b>TRUECARE</b> Provider ID: 296476  605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415  Phone: 760-736-6767  After Hours Phone:</p>	<p><b>TRUECARE</b> 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 <input type="checkbox"/> Site English Spoken: Yes <input type="checkbox"/> Site Languages(s) Spoken: Spanish Cultural Competency: No  Hours: SU-SA 8AM-5PM American Sign Language (ASL): N  Accessibility: CONTACT</p>

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




## B. Clínicas de salud con calificación federal


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

### TRUECARE

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



### TRUECARE

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

License Number: PA22667  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
Cultural Competency: No  
 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)







### TRUECARE

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

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



## B. Clínicas de salud con calificación federal

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

### TRUECARE

Provider ID: 296476

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-757-4566

Fax: 760-757-3004

After Hours Phone:  
760-757-4566

License Number: A66289

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

### TRUECARE

Provider ID: 296477

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-757-4566

Fax: 760-757-3004

After Hours Phone:  
760-757-4566

License Number: A116562

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### TRUECARE

Provider ID: 296478

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-757-4566

After Hours Phone:

760-757-4566

License Number: NP21368

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### TRUECARE

Provider ID: 296479

605 CROUCH ST BLDG C  
OCEANSIDE, CA  
92054-4415

Phone: 760-757-4566

After Hours Phone:  
760-757-4566

License Number: A64435

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT




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

## B. Clínicas de salud con calificación federal



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

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

#### NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

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

760-742-9919  
License Number: G61829  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None



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

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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



#### NEIGHBORHOOD HEALTHCARE PAUMA VALLEY


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

 After Hours Phone:  
760-742-9919

NPI: 1598122871

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

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


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

#### NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

Provider ID: 206267



 16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524

 Phone: 760-742-9919  
Fax: 858-633-4696

 After Hours Phone:  
760-742-9919

License Number: 80000611  
NPI: 1598122871

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

 Site English Spoken: Yes  
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](http://www.ihpsocal.org)


### POWAY

#### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187

 13010 POWAY RD  
POWAY, CA 92064-4520

 Phone: 858-218-3000

 After Hours Phone:  
858-218-3000

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

## B. Clínicas de salud con calificación federal


License Number: 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  
SOUTHERN CALIFORNIA

 Website: N/A

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

## B. Clínicas de salud con calificación federal

### SAN DIEGO

#### 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](http://www.operationsamahan.org)

#### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA  
92129-2889

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: DC29074

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN

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

#### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA  
92129-2889

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: 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.operationsamahan.org](http://www.operationsamahan.org)

#### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA  
92129-2889

Phone: 844-200-2426

After Hours Phone:  
844-200-2426

License Number: NP95003211

NPI: 1801907449

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

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

American Sign Language (ASL):

N


Accessibility: CONTACT  
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN


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


## B. Clínicas de salud con calificación federal


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

### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889

 Phone: 844-200-2426

 After Hours Phone: 844-200-2426


License Number: 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](http://www.operationsamahan.org)

### OPERATION SAMAHAN RANCHO PENASQUITOS


Provider ID: 418535

 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA

92129-2889

 Phone: 844-200-2426

Fax: 858-695-9074


 After Hours Phone: 844-200-2426

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

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


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN

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


### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889

 Phone: 844-200-2426

Fax: 858-695-9074

 After Hours Phone: 844-200-2426


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 PROVIDER


Medical Group/IPA:


OPERATION SAMAHAN

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


### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889

 Phone: 844-200-2426

Fax: 858-695-9074

 After Hours Phone: 844-200-2426


License Number: 550003857

NPI: 1801907449


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

 Site Languages(s) Spoken: Spanish

Cultural Competency: No

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

American Sign Language (ASL):


N

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

## B. Clínicas de salud con calificación federal


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: OPERATION SAMAHAN*

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

### **ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER**

*Provider ID: 403583*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 *Phone: 619-233-8500*


 *After Hours Phone: 619-233-8500*

*License Number: A104052*

*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*

*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*

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

## B. Clínicas de salud con calificación federal

🕒 *Hours: SU-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: 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*

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

## B. Clínicas de salud con calificación federal



*Cultural Competency: No*  
 *Hours: SU-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



 *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*

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## B. Clínicas de salud con calificación federal



 *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*



### **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*


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

## B. Clínicas de salud con calificación federal

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: 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

### NESTOR COMMUNITY HEALTH CENTER

Provider ID: 214492

 1016 OUTER RD  
SAN DIEGO, CA 92154-1351

 Phone: 619-429-3733

 After Hours Phone:  
619-429-3733


License Number: A112781

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes


 Site Language(s) Spoken:  
Spanish

Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

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

## B. Clínicas de salud con calificación federal

### 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

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

## B. Clínicas de salud con calificación federal



 *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*

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

## B. Clínicas de salud con calificación federal


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A153223

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


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

### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A45942

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A79383

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A96919


NPI: 1598122871

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

## B. Clínicas de salud con calificación federal

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201


 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: NP15657

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

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


### **KING CHAVEZ HEALTH CENTER**

Provider ID: 451167

 950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

 Phone: 619-662-4100


Fax: 619-662-4158

 After Hours Phone:  
619-662-4100

NPI: 1598122871

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

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

Provider ID: 227409





 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100







 After Hours Phone:

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

## B. Clínicas de salud con calificación federal




619-662-4100  
 License Number: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A120447  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU-SA 8AM-5PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHC - OCEAN VIEW



Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: A120576

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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




N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100


License Number: A153414

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes




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

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### SAN YSIDRO HEALTH CHC - OCEAN VIEW



Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

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







### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432





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




## B. Clínicas de salud con calificación federal


 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 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](http://www.ihpsocal.org)








**SAN YSIDRO HEALTH CHC -  
 OCEAN VIEW**  
 Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 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](http://www.ihpsocal.org)  
**SAN YSIDRO HEALTH CHC -  
 OCEAN VIEW**  
 Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: C54198  
 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](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH CHC -  
 OCEAN VIEW**  
 Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: C55180  
 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](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH CHC -  
 OCEAN VIEW**  
 Provider ID: 227409  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: DC33300  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU-SA 8AM-5PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


**SAN YSIDRO HEALTH CHC -  
 OCEAN VIEW**  
 Provider ID: 227409  
 3177 OCEAN VIEW BLVD

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




## B. Clínicas de salud con calificación federal

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


### SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

Fax: 619-858-1003

 After Hours Phone:  
619-662-4100


License Number: A88893

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### LA MAESTRA FAMILY CLINIC INC

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:  
619-255-9155


License Number: A111170

NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC

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

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

## B. Clínicas de salud con calificación federal

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:  
619-255-9155

License Number: A75533

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:  
619-255-9155

License Number: A82639

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:  
619-255-9155

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:  
619-255-9155

License Number: DC28966

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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

After Hours Phone:  
619-255-9155

License Number: 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

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

## B. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: 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: 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.org*

### LA MAESTRA FAMILY CLINIC INC

*Provider ID: 185268*

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 *Phone: 619-255-9155*

 *After Hours Phone:*

*619-255-9155*

*License Number: NP95013257*


*NPI: 1609849074*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-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: 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*

 *Website: www.lamaestra.org*

### LA MAESTRA FAMILY CLINIC INC

*Provider ID: 185268*

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 *Phone: 619-255-9155*

 *After Hours Phone: 619-255-9155*

*License Number: PA21625*


*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*

*Fax: 619-284-4731*

 *After Hours Phone: 619-255-9155*

*License Number: 20A6433*

*NPI: 1609849074*

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


## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

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


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-280-7072

 After Hours Phone:  
619-280-7072

License Number: 20A14222


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

### LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608

 Phone: 619-564-8765

 After Hours Phone:  
619-564-8765

License Number: NP95009891


NPI: 1609849074

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA


MAESTRA FAMILY CLINIC

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

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

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

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

## B. Clínicas de salud con calificación federal

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.operationsa  
mahan.org

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126-2375  
Phone: 844-200-2426  
After Hours Phone:  
844-200-2426  
License Number: C54941  
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.operationsa  
mahan.org

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126-2375  
Phone: 844-200-2426  
After Hours Phone:  
844-200-2426  
License Number: 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.operationsa

mahan.org

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126-2375  
Phone: 844-200-2426  
After Hours Phone:  
844-200-2426  
License Number: 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.operationsa  
mahan.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:

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

## B. Clínicas de salud con calificación federal

844-200-2426  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: yes  
 Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

Hours: SU-SA 8AM-4:30PM  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA:  
 OPERATION SAMAHAN

Website: www.operationsa  
 mahan.org

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 417101

10737 CAMINO RUIZ STE  
 235  
 SAN DIEGO, CA 92126-2375

Phone: 844-200-2426  
 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.operationsa  
 mahan.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.operationsa  
 mahan.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.operationsa  
 mahan.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

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

## B. Clínicas de salud con calificación federal

*PROVIDER*  
 Medical Group/IPA:  
 OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)





### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308  
 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007  
 Phone: 844-200-2426  
 Fax: 858-536-8034  
 After Hours Phone:  
 844-200-2426  
 NPI: 1801907449

Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU-SA 9AM-5PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)




### OPERATION SAMAHAN - MIRA MESA


Provider ID: 432308  
 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007  
 Phone: 844-200-2426  
 Fax: 858-536-8034  
 After Hours Phone:

844-200-2426  
 License Number: 80000146  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: yes  
 Cultural Competency: No  
 Hours: SU-SA 9AM-5PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC


Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-263-2499  
 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](http://www.fhcsd.org)

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2420  
 After Hours Phone:  
 619-515-2420  
 License Number: 20A11535  
 NPI: 1134155377

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2420  
 After Hours Phone:  
 619-515-2420  
 License Number: A113001  
 NPI: 1134155377  
 Accepting New Patients: Yes


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

## B. Clínicas de salud con calificación federal

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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


### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST

SAN DIEGO, CA 92102-4715

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


### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST

SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone: 619-515-2420

License Number: A68463


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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


### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST

SAN DIEGO, CA 92102-4715

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST

SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone: 619-515-2560

License Number: 20A14772


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

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



## B. Clínicas de salud con calificación federal

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: 20A15471

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A114181

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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


## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

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

## B. Clínicas de salud con calificación federal

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A137260

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A140912

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A141057

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

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

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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: 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*

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

## B. Clínicas de salud con calificación federal

### 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

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: A178499

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: C174538

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **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*

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

## B. Clínicas de salud con calificación federal

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: NP17362

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: NP95000205

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

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

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **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*

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



## B. Clínicas de salud con calificación federal

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: PA20378

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: PA60864

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: 619-515-2560

After Hours Phone:  
619-515-2560

License Number: RN810863

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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


## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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

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


### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715


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


### **DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*

 4725 MARKET ST  
SAN DIEGO, CA 92102-4715

 *Phone: 619-515-2560*

*Fax: 619-263-2499*


 *After Hours Phone: 619-515-2560*

*License Number: A100391*

*NPI: 1134155377*

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

 *Site English Spoken: Yes  
Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


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

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

### **DOWNTOWN FAMILY CTR AT CONNECTIONS**

*Provider ID: 417782*

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

 *Phone: 619-515-2430*


 *After Hours Phone: 619-515-2430*

*License Number: PA58826*

*NPI: 1134155377*

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

 *Site English Spoken: Yes  
Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

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

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

## B. Clínicas de salud con calificación federal

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

### **DOWNTOWN FAMILY CTR AT CONNECTIONS**

Provider ID: 417782

1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

Fax: 619-578-2410

After Hours Phone:  
619-515-2430

License Number: 550002251

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

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

Phone: 619-515-2426

After Hours Phone:  
619-515-2426

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

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

Phone: 619-515-2426

After Hours Phone:  
619-515-2426

License Number: 20A19345

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

### **FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

Phone: 619-515-2426

After Hours Phone:  
619-515-2426

License Number: A145023

NPI: 1134155377


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

Site English Spoken: Yes

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

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

## B. Clínicas de salud con calificación federal

### FAMILY HEALTH CTR 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](http://www.fhcsd.org)

### FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

Phone: 619-515-2426

After Hours Phone:  
619-515-2426

License Number: PA58098

NPI: 1134155377

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

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

Phone: 619-515-2426

After Hours Phone:  
619-515-2426

License Number: PA58905

NPI: 1134155377

Accepting New Patients: Yes  
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](http://www.fhcsd.org)

### FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE  
SAN DIEGO, CA  
92105-2026

Phone: 619-515-2426

After Hours Phone:  
619-515-2426

License Number: PA59481

NPI: 1134155377

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

Site English Spoken: Yes

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HEALTH CTR OF SDELM ST

Provider ID: 419167

140 ELM ST  
SAN DIEGO, CA 92101-2602

Phone: 619-515-2520

Fax: 619-231-0431

After Hours Phone:  
619-515-2520

NPI: 1134155377


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

Site English Spoken: Yes

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

 *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*

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

## B. Clínicas de salud con calificación federal

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429

Phone: 619-515-2454

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

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429

Phone: 619-515-2454

Fax: 619-794-2696

After Hours Phone:  
619-515-2454

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

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429

Phone: 619-515-2454

Fax: 619-794-2696

After Hours Phone:  
619-515-2454

License Number: 550003556

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### SAN 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 Language(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](http://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

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

## B. Clínicas de salud con calificación federal

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

Site Languages(s) Spoken:  
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](http://www.sdaihc.org)

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone:  
858-279-0925

License Number: A119010

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

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

American Sign Language (ASL):

N

Accessibility: CONTACT

### PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone:  
858-279-0925

License Number: 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](http://www.sdfamilycare.org)

### LINDA VISTA HEALTH CARE

#### CTR

Provider ID: 206046

6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone:  
858-279-0925

License Number: C174985

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

### LINDA VISTA HEALTH CARE

#### CTR

Provider ID: 206046

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone:  
858-279-0925

License Number: DPM4434

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:

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



## B. Clínicas de salud con calificación federal

*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](http://www.sdfamilycare.org)

### LINDA VISTA HEALTH CARE

CTR

Provider ID: 206046

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

☎ Phone: 858-279-0925

🕒 After Hours Phone:  
858-279-0925

License Number: G41532

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

🕒 Hours: SU-SA

8:30AM-5:30PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA

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

### LINDA VISTA HEALTH CARE

CTR

Provider ID: 206046

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

☎ Phone: 858-279-0925

🕒 After Hours Phone:  
858-279-0925

License Number: G44807

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

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

Cultural Competency: No

🕒 Hours: SU-SA

8:30AM-5:30PM

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

### LINDA VISTA HEALTH CARE

CTR

Provider ID: 206046

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

☎ Phone: 858-279-0925

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

### LINDA VISTA HEALTH CARE

CTR

Provider ID: 206046

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

☎ Phone: 858-279-0925

Fax: 858-279-0377

🕒 After Hours Phone:  
858-279-0925

License Number: G70886

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:

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

## B. Clínicas de salud con calificación federal

*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*

*Fax: 858-633-4680*

*After Hours Phone:  
858-279-0925*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

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

*Cultural Competency: No*

*Hours: SU-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: 858-810-8700*

*After Hours Phone:  
858-810-8700*

*License Number: 20A12402*

*NPI: 1598122871*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

*Site English Spoken: Yes*

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

*Cultural Competency: No*

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

*American Sign Language (ASL):*

*N*

*Accessibility: CONTACT  
PROVIDER*

*Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA*

*Website: www.sdfamilycare  
.org*

### **MID-CITY COMMUNITY CLINIC**

*Provider ID: 233597*

*4290 POLK AVE  
SAN DIEGO, CA 92105-1524*

*Phone: 619-563-0250*

*After Hours Phone:*

*619-563-0250*

*License Number: 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**

*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*

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

## B. Clínicas de salud con calificación federal

.org	 Hours: SU-SA 8AM-5PM	 After Hours Phone: 619-563-0250
<b>MID-CITY COMMUNITY CLINIC</b>	American Sign Language (ASL): N	License Number: G60630
Provider ID: 233597	 Accessibility: CONTACT PROVIDER	NPI: 1598122871
 4290 POLK AVE	Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA	Accepting New Patients: Yes
SAN DIEGO, CA 92105-1524	 Phone: 619-563-0250	Min/Max Age: 0\None
 Phone: 619-563-0250	 Website: www.sdfamilycare.org	 Site English Spoken: Yes
 After Hours Phone: 619-563-0250		Cultural Competency: No
License Number: A163512		 Hours: SU-SA 8AM-5PM
NPI: 1598122871		American Sign Language (ASL): N
Accepting New Patients: Yes	<b>MID-CITY COMMUNITY CLINIC</b>	
Min/Max Age: 0\None	Provider ID: 233597	
 Site English Spoken: Yes	 4290 POLK AVE	 Accessibility: CONTACT PROVIDER
Cultural Competency: No	SAN DIEGO, CA 92105-1524	Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA
 Hours: SU-SA 8AM-5PM	 Phone: 619-563-0250	 Website: www.sdfamilycare.org
American Sign Language (ASL): N	 After Hours Phone: 619-563-0250	
 Accessibility: CONTACT PROVIDER	License Number: DPM4434	
Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA	NPI: 1598122871	<b>MID-CITY COMMUNITY CLINIC</b>
 Website: www.sdfamilycare.org	Accepting New Patients: Yes	Provider ID: 233532
	Min/Max Age: 0\None	 4305 UNIVERSITY AVE STE 150
	 Site English Spoken: Yes	SAN DIEGO, CA 92105-1690
	Cultural Competency: No	 Phone: 619-280-2058
	 Hours: SU-SA 8AM-5PM	 After Hours Phone: 619-280-2058
	American Sign Language (ASL): N	License Number: A112176
	 Accessibility: CONTACT PROVIDER	NPI: 1598122871
	Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA	Accepting New Patients: Yes
	 Website: www.sdfamilycare.org	Min/Max Age: 0\None
		 Site English Spoken: Yes
<b>MID-CITY COMMUNITY CLINIC</b>		Cultural Competency: No
Provider ID: 233597	<b>MID-CITY COMMUNITY CLINIC</b>	 Hours: SU-SA 8AM-5PM
 4290 POLK AVE	Provider ID: 233597	American Sign Language (ASL): N
SAN DIEGO, CA 92105-1524	 4290 POLK AVE	 Accessibility: CONTACT PROVIDER
 Phone: 619-563-0250	SAN DIEGO, CA 92105-1524	Medical Group/IPA: IHP OF
 After Hours Phone: 619-563-0250	 Phone: 619-563-0250	
License Number: A175116		
NPI: 1598122871		
Accepting New Patients: Yes		
Min/Max Age: 0\None		
 Site English Spoken: Yes		
Cultural Competency: No		

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


## B. Clínicas de salud con calificación federal


### SOUTHERN CALIFORNIA

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

### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058

 After Hours Phone:  
619-280-2058


License Number: 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](http://www.sdfamilycare.org)

### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058

 After Hours Phone:  
619-280-2058


License Number: 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](http://www.sdfamilycare.org)

### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058

 After Hours Phone:  
619-280-2058


License Number: A61238

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058

 After Hours Phone:  
619-280-2058


License Number: A72833

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


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

### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058


 After Hours Phone:  
619-280-2058

License Number: A94449

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

## B. Clínicas de salud con calificación federal

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### MID-CITY COMMUNITY CLINIC

Provider ID: 233532

 4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058

 After Hours Phone:  
619-280-2058

License Number: NP95019446


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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700


License Number: 20A12402

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700


License Number: A119010

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

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


Cultural Competency: No

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

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700


License Number: A137415

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

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

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

## B. Clínicas de salud con calificación federal

### SAN 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

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: 858-810-8700

After Hours Phone:  
858-810-8700

License Number: 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](http://www.sdfamilycare.org)

### SAN DIEGO FAMILY CARE

Provider ID: 482070

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: 858-810-8700

After Hours Phone:  
858-810-8700

License Number: A92173

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: yes

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

Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: 858-810-8700

After Hours Phone:  
858-810-8700

License Number: 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](http://www.sdfamilycare.org)

### SAN DIEGO FAMILY CARE

Provider ID: 482070

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: 858-810-8700

After Hours Phone:


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

## B. Clínicas de salud con calificación federal

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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700

License Number: G41532

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700

License Number: G70886


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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700

License Number: NP16433


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

### SAN DIEGO FAMILY CARE

Provider ID: 482070

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

 Phone: 858-810-8700

 After Hours Phone:  
858-810-8700

License Number: NP23847



NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

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

## B. Clínicas de salud con calificación federal

 Site English Spoken: yes  
 Site Languages(s) Spoken: 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](http://www.sdfamilycare.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](http://www.fhcsd.org)


### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422


 After Hours Phone: 619-515-2422


License Number: A122238

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

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

### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Provider ID: 419529

 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422


 After Hours Phone: 619-515-2422


License Number: PA20888

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
 Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN

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



## B. Clínicas de salud con calificación federal

DIEGO


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


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

### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL


Provider ID: 419529

 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

Fax: 619-269-0053


 After Hours Phone: 619-515-2422

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


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

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2300

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone: 619-515-2444

License Number: 20A11535

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

## B. Clínicas de salud con calificación federal

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: 20A13060

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN

DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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


## B. Clínicas de salud con calificación federal


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

### FAMILY HLTH CTR SAN DIEGO-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](http://www.fhcsd.org)

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444


License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444


License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444


License Number: A148014

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A154298

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None


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

## B. Clínicas de salud con calificación federal

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: A154399

NPI: 1134155377

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


 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: A164859

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: A178499

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

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

## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: A76785

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: C53623

NPI: 1134155377

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

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
619-515-2444

License Number: A68463

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None


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

## B. Clínicas de salud con calificación federal


 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104


 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: DPM4819

NPI: 1134155377

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


 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: G78814

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104


 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: NM1662

NPI: 1134155377

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

 Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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


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


## B. Clínicas de salud con calificación federal

### **FAMILY HLTH CTR SAN 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](http://www.fhcsd.org)


### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

Fax: 858-488-1394


 After Hours Phone:  
619-515-2444

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


### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

Fax: 858-488-1394


 After Hours Phone:  
619-515-2444


License Number: 80000115

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

### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

Provider ID: 356145

 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941

 Phone: 619-515-2435

 After Hours Phone:  
619-515-2435


License Number: A80504

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

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




## B. Clínicas de salud con calificación federal





 *Site English Spoken: yes*  
*Cultural Competency: No*  
 *Hours: SU-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*

**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*

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



## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

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

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: A163977

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

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

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: DPM4819

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: 619-515-2525

After Hours Phone:  
619-515-2525

License Number: NP95010814

NPI: 1134155377


Accepting New Patients: Yes

Min/Max Age: 0\None


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

## B. Clínicas de salud con calificación federal


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

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

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

 *Accessibility: CONTACT PROVIDER*


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


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

### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

*Provider ID: 417429*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 *Phone: 619-515-2525*


 *After Hours Phone:*  
*619-515-2525*

*License Number: PA22762*


*NPI: 1134155377*

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


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

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

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

 *Accessibility: CONTACT PROVIDER*


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

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


### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

*Provider ID: 417429*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 *Phone: 619-515-2525*


*Fax: 619-501-5814*

 *After Hours Phone:*  
*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](http://www.fhcsd.org)*


### **FAMILY HLTH CTR SAN DIEGOCITY COLLEGE**

*Provider ID: 417429*

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

 *Phone: 619-515-2525*

*Fax: 619-501-5814*

 *After Hours Phone:*  
*619-515-2525*


*License Number: 550002865*

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

### **FAMILY HLTH CTR SD HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143


 *Phone: 619-515-2400*


 *After Hours Phone:*  
*619-515-2400*

*License Number: 20A17836*

*NPI: 1134155377*

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

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

 *Hours: SU-SA 8AM-9PM*  
*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

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

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

## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 20A12504

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 20A14794

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 20A15413

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: 20A15459

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

*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*

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

## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: A109633

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: A119631

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: A140324

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


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

### **FAMILY HLTH CTR SD HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*


 *After Hours Phone:  
619-515-2545*


*License Number: 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](http://www.fhcsd.org)*

### **FAMILY HLTH CTR SD HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone:  
619-515-2545*


*License Number: A169207*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes  
Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


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

### **FAMILY HLTH CTR SD HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone:  
619-515-2545*

*License Number: A171135*


*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*


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


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

### **FAMILY HLTH CTR SD HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*


 *After Hours Phone:  
619-515-2545*


*License Number: A177462*

*NPI: 1134155377*

*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes  
Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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

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

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

## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: A70175

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: A80153

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: A80461

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: C52451

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

*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*

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



## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: NP18098

NPI: 1134155377

Accepting New Patients: Yes

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: NP7374

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: NP95001899

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: NP95005103

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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


## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-SA 8AM-9PM*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

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


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


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: 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](http://www.fhcsd.org)*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: 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](http://www.fhcsd.org)*


### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: 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](http://www.fhcsd.org)*

### **FAMILY HLTH CTR SD**

#### **HILLCREST**

*Provider ID: 417937*

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 *Phone: 619-515-2545*

 *After Hours Phone: 619-515-2545*

*License Number: PT12930*


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

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

## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: PT28061

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: PT292351

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: PT292613

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-9PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
619-515-2545

License Number: PT293536

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

*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*

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

## B. Clínicas de salud con calificación federal

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

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

### FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

4094 4TH AVE  
SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

Fax: 619-501-9645

After Hours Phone:  
619-515-2545

License Number: A95356

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

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

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

### LOGAN HEIGHTS FAMILY HEALTH 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 20A12732

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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## B. Clínicas de salud con calificación federal

*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*

### **LOGAN HEIGHTS FAMILY HEALTH 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*

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

## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

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

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A108228

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A113001

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### LOGAN HEIGHTS FAMILY HEALTH 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

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

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **LOGAN HEIGHTS FAMILY HEALTH 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*

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## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

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

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A142703

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A146111

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

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

### LOGAN HEIGHTS FAMILY HEALTH 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A147939

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **LOGAN HEIGHTS FAMILY HEALTH 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A163464

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A163978

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A164889

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **LOGAN HEIGHTS FAMILY HEALTH 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A61687

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **LOGAN HEIGHTS FAMILY HEALTH 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A93385

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: A95577

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: C174771

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **LOGAN HEIGHTS FAMILY HEALTH 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP10906

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP11778

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP2286

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **LOGAN HEIGHTS FAMILY HEALTH 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP95011254

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP95011313

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: NP95022452

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **LOGAN HEIGHTS FAMILY HEALTH 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA23258

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: PA54661

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **LOGAN HEIGHTS FAMILY HEALTH 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: 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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: RN810863

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](http://www.fhcsd.org)

### LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: 619-515-2300

After Hours Phone:  
619-515-2300

License Number: SP27677

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### 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](http://www.fhcsd.org)

### NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes




Min/Max Age: 0\None





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal




 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 *Hours: SU-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*





### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: 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](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 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](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A132576

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **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*

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## B. Clínicas de salud con calificación federal

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: 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](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A51318

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 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](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A95577

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

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](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 416831

3514 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

Fax: 619-683-7586

After Hours Phone:  
619-515-2424

License Number: 90000469

NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

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 9AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

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](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: 20A14919

NPI: 1134155377


Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 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](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A118095

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

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](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A147758

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 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](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: A72005

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Hours: SU-SA 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

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 9AM-5PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

Website: [www.fhcsd.org](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

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](http://www.fhcsd.org)

### **NORTH PARK FAMILY HEALTH CENTERS**

Provider ID: 206362

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:  
619-515-2424

License Number: NP95006792

NPI: 1134155377

Accepting New Patients: Yes


Min/Max Age: 0\None

Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*


### **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 MARCOS**

### **TRUECARE**

*Provider ID: 625875*

 1595 GRAND AVE STE 100  
SAN MARCOS, CA 92069-2973

 *Phone: 760-736-6767*

 *After Hours Phone: 760-736-6767*


*License Number: 20A15159*

*NPI: 1598122871*


*Accepting New Patients: Yes*

*Min/Max Age: 0\None*

 *Site English Spoken: Yes*

 *Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-5PM*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA*

 *Website: www.ihpsocal.org*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### 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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: A116562

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: A48980

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: A60958

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: A63903

NPI: 1598122871





Accepting New Patients: Yes

Min/Max Age: 0\None




Site English Spoken: Yes



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## B. Clínicas de salud con calificación federal




 *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](http://www.ihpsocal.org)

### TRUECARE

*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone:* 760-736-6767  
 *After Hours Phone:* 760-736-6767  
*License Number:* 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](http://www.ihpsocal.org)

### TRUECARE





*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone:* 760-736-6767  
 *After Hours Phone:* 760-736-6767  
*License Number:* 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](http://www.ihpsocal.org)




### TRUECARE






*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone:* 760-736-6767  
 *After Hours Phone:* 760-736-6767  
*License Number:* 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 SOUTHERN CALIFORNIA  
 *Website:* [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone:* 760-736-6767  
 *After Hours Phone:* 760-736-6767  
*License Number:* 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](http://www.ihpsocal.org)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### 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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: NM235844

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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: NM235997

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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: NP18874

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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: NP20893

NPI: 1598122871





Accepting New Patients: Yes

Min/Max Age: 0\None









Site English Spoken: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## B. Clínicas de salud con calificación federal






 *Site 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](http://www.ihpsocal.org)

### TRUECARE





*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone:* 760-736-6767  
 *After Hours Phone:* 760-736-6767  
*License Number:* NP21368  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None  
 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:* Spanish  
*Cultural Competency:* No  
 *Hours:* SU-SA 8AM-5PM  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* [www.ihpsocal.org](http://www.ihpsocal.org)





### TRUECARE

*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone:* 760-736-6767  
 *After Hours Phone:* 760-736-6767  
*License Number:* NP95001653  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None




 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:* Spanish  
*Cultural Competency:* No  
 *Hours:* SU-SA 8AM-5PM  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* [www.ihpsocal.org](http://www.ihpsocal.org)






### TRUECARE

*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone:* 760-736-6767  
 *After Hours Phone:* 760-736-6767  
*License Number:* 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](http://www.ihpsocal.org)

### TRUECARE

*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone:* 760-736-6767  
 *After Hours Phone:* 760-736-6767  
*License Number:* NP95003903  
*NPI:* 1598122871  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0\None

 *Site English Spoken:* Yes  
 *Site Languages(s) Spoken:* Spanish  
*Cultural Competency:* No  
 *Hours:* SU-SA 8AM-5PM  
*American Sign Language (ASL):* N  
 *Accessibility:* CONTACT PROVIDER  
*Medical Group/IPA:* IHP OF SOUTHERN CALIFORNIA  
 *Website:* [www.ihpsocal.org](http://www.ihpsocal.org)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### 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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: PA19825

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-5PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: 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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: 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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100  
SAN MARCOS, CA  
92069-2973

Phone: 760-736-6767

After Hours Phone:  
760-736-6767

License Number: PA51867

NPI: 1598122871





Accepting New Patients: Yes

Min/Max Age: 0\None






Site English Spoken: Yes




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


 *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](http://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](http://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](http://www.ihpsocal.org)

### TRUECARE



*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone:* 760-736-6767  
 *After Hours Phone:*  
 760-736-6767  
*License Number:* 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](http://www.ihpsocal.org)

### TRUECARE


*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 *Phone:* 760-520-8200  
*Fax:* 360-462-2749  
 *After Hours Phone:*  
 760-520-8200  
*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](http://www.ihpsocal.org)

### TRUECARE

*Provider ID:* 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal




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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 Phone: 760-736-6767  
 Fax: 760-736-6744  
 After Hours Phone:  
 760-736-6767  
 License Number: 1598122871  
 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](http://www.ihpsocal.org)





### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 Phone: 760-736-6767  
 Fax: 760-736-6744  
 After Hours Phone:  
 760-736-6767  
 License Number: 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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 Phone: 760-736-6767  
 Fax: 760-736-6744  
 After Hours Phone:

760-736-6767  
 License Number: 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](http://www.ihpsocal.org)

### TRUECARE

Provider ID: 614511  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA  
 92078-2450  
 Phone: 760-736-6767  
 Fax: 760-736-6744  
 After Hours Phone:  
 760-736-6767  
 License Number: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### 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

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### SAN YSIDRO

#### 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](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: A138568

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100


License Number: 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](http://www.ihpsocal.org)



#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER



Provider ID: 206292



 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 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](http://www.ihpsocal.org)


### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: A157505  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese


Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**


Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: A158364  
 NPI: 1598122871

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](http://www.ihpsocal.org)



### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**


Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: A159673  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese


Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: A169694  
 NPI: 1598122871

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A170738

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A175006

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone: 619-662-4100

License Number: A177337

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*Cultural Competency: No*

 *Hours: SU-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*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-5:30PM*  
*American Sign Language (ASL):*

*N*






 *Accessibility: CONTACT*



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


*PROVIDER*  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)








### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 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](http://www.ihpsocal.org)


### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007









 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A56153  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A66885  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A72235

NPI: 1598122871

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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A77936

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A80832

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER



Provider ID: 206292



4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 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](http://www.ihpsocal.org)


### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: A93785  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese


Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**


Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: A99433  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese


Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**


Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: C42207  
 NPI: 1598122871

Accepting New Patients: Yes  
 Min/Max Age: 0\None

 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](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: C51110  
 NPI: 1598122871

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

Hours: SU-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

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*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*

*Cultural Competency: No*

 *Hours: SU-SA 8AM-5:30PM*  
*American Sign Language (ASL):*

*N*






 *Accessibility: CONTACT*



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*PROVIDER*  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER








Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: PA20490  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

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](http://www.ihpsocal.org)


### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007




 Phone: 619-662-4100  
 Fax: 619-205-6305  
 After Hours Phone:  
 619-662-4100  
 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](http://www.ihpsocal.org)





### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 Fax: 619-205-6341  
 After Hours Phone:  
 619-662-4100  
 License Number: DPM2930  
 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 Fax: 619-205-6341  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A7241  
 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](http://www.ihpsocal.org)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH 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 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:


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

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](http://www.ihpsocal.org)



### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**


Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A113624  
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](http://www.ihpsocal.org)



### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**


Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A120584  
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](http://www.ihpsocal.org)

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**


Provider ID: 227469


 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A145480  
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](http://www.ihpsocal.org)



### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**


Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A153975  
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](http://www.ihpsocal.org)


### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**


Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322


 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A167529

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF


SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322


 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A32571

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM  
American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322


 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: A51843

NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)




### **SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS**

Provider ID: 227469

 3364 BEYER BLVD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p> SAN YSIDRO, CA 92173-1322  <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: C42207</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU-SA 8AM-5PM</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>	<p><i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>	<p><i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU-SA 8AM-5PM</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>
<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>  <i>Provider ID: 227469</i>   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: DPM2930</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU-SA 8AM-5PM</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>  <i>Provider ID: 227469</i>   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: G66745</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU-SA 8AM-5PM</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>  <i>Provider ID: 227469</i>   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: NP95001960</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU-SA 8AM-5PM</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>
<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>  <i>Provider ID: 227469</i>   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: NP12112</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i></p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>  <i>Provider ID: 227469</i>   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: NP12112</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i></p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>  <i>Provider ID: 227469</i>   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   <i>Phone: 619-662-4100</i>   <i>After Hours Phone: 619-662-4100</i>  <i>License Number: NP95001960</i>  <i>NPI: 1598122871</i>  <i>Accepting New Patients: Yes</i>  <i>Min/Max Age: 0\None</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>   <i>Hours: SU-SA 8AM-5PM</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</i>   <i>Website: www.ihpsocal.org</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<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><i>PROVIDER</i></p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></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>License Number: NP95003671 NPI: 1598122871</p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b></p> <p>Provider ID: 227469</p>	<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</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> 3364 BEYER BLVD SAN YSIDRO, CA 92173-1322</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p>	<p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p>Accessibility: CONTACT PROVIDER</p>	<p>License Number: NP95004315 NPI: 1598122871</p>	<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b></p> <p>Provider ID: 227469</p>
<p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></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>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b></p> <p>Provider ID: 227469</p>	<p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p>	<p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</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> 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>License Number: NP95019995 NPI: 1598122871</p>
<p>License Number: NP95003721 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>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> 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</p>	<p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p>Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA</p> <p> Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b></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: NP95017732 NPI: 1598122871</p>
<p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p>	<p>License Number: NP95017732 NPI: 1598122871</p>	<p>Accepting New Patients: Yes</p> <p>Min/Max Age: 0\None</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



































## B. Clínicas de salud con calificación federal

<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone: 619-662-4100            License Number: PA58672            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> 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</p>	<p>American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: www.ihpsocal.org</p> <p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   Fax: 619-600-4870   After Hours Phone: 619-662-4100            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> 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</p>	<p> After Hours Phone: 619-205-6341            License Number: A64487            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Yes  <input type="checkbox"/> Site Languages(s) Spoken: Spanish, 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</p>
<p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS</b>            Provider ID: 227469   3364 BEYER BLVD            SAN YSIDRO, CA 92173-1322   Phone: 619-662-4100   After Hours Phone: 619-662-4100            License Number: PT302385            NPI: 1598122871            Accepting New Patients: Yes            Min/Max Age: 0\None  <input type="checkbox"/> Site English Spoken: Yes            Cultural Competency: No   Hours: SU-SA 8AM-5PM</p>	<p>American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER            Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA   Website: www.ihpsocal.org</p> <p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</b>            Provider ID: 206292   4004 BEYER BLVD            SAN YSIDRO, CA 92173-2007   Phone: 619-205-6341</p>	<p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</b>            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  <input type="checkbox"/> Site English Spoken: Yes  <input type="checkbox"/> Site Languages(s) Spoken: Spanish, Tagalog, Portuguese            Cultural Competency: No</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

<p> Hours: SU-SA 8AM-5:30PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</b> 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</p>	<p>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: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>
<p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</b> 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</p>	<p> Hours: SU-SA 8AM-5:30PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</b> 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</p>
<p> Hours: SU-SA 8AM-5:30PM American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  Website: <a href="http://www.ihpsocal.org">www.ihpsocal.org</a></p>	<p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</b> 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</p>	<p>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</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

*PROVIDER*  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A7502  
 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A8081  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A9907  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP OF  
 SOUTHERN CALIFORNIA  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A101827

NPI: 1598122871

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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A104660

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: A106103

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese

Cultural Competency: No

Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER



Provider ID: 206292



4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: 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](http://www.ihpsocal.org)


### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**


Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A114008  
NPI: 1598122871  
Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese


Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**


Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A114893  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese


Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**


Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A125329  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese


Cultural Competency: No  
 Hours: SU-SA 8AM-5:30PM  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: A127188  
NPI: 1598122871


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone: 619-662-4100


License Number: A130348

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N

 Accessibility: CONTACT


PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone: 619-662-4100


License Number: A131021

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone: 619-662-4100


License Number: A131952

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

 Hours: SU-SA 8AM-5:30PM

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

American Sign Language (ASL):  4050 BEYER BLVD  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 20A14949

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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)


### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR


Provider ID: 227411

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 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

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](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A113914

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A138938

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A157505

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

American Sign Language (ASL):  4050 BEYER BLVD  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A175006

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A178949

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100


 After Hours Phone:  
619-662-4100


License Number: A47906

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A74960

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: A94813

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C149818

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: C160626

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
619-662-4100

License Number: G52183

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

American Sign Language (ASL): **SAN YSIDRO HEALTH**

N


 **Accessibility: CONTACT PROVIDER**


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH 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](http://www.ihpsocal.org)

### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948


 After Hours Phone:  
619-662-4100


License Number: A63844

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):

N


 **Accessibility: CONTACT PROVIDER**


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948

 After Hours Phone:  
619-662-4100

License Number: A72721

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):

N


 **Accessibility: CONTACT PROVIDER**


Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948

 After Hours Phone:  
619-662-4100

License Number: A82187

NPI: 1598122871

Accepting New Patients: Yes


Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 8:30AM-5PM

American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

Medical Group/IPA: IHP OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


SOUTHERN CALIFORNIA

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)


### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-1948

 After Hours Phone:  
619-662-4100

License Number: 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](http://www.ihpsocal.org)


### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

 Phone: 619-662-4100

Fax: 619-205-6305

 After Hours Phone:  
619-662-4100

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](http://www.ihpsocal.org)


## SPRING VALLE

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555


License Number: 20A11535

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

☎ *After Hours Phone:*  
619-515-2555  
*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

### **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

♿ *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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555


License Number: A116680

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### 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](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555


License Number: A149063

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### 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](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035



 Phone: 619-515-2555


 After Hours Phone:  
619-515-2555

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

License Number: A163464  
NPI: 1134155377  
Accepting New Patients: Yes  
Min/Max Age: 0\None


 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### 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](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC



Provider ID: 206361


 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555  
 After Hours Phone:  
619-515-2555

License Number: A169342  
NPI: 1134155377

Accepting New Patients: Yes  
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](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC



Provider ID: 206361


 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555  
 After Hours Phone:  
619-515-2555

License Number: A178499  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None


 Site English Spoken: Yes  
Cultural Competency: No  
 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555


License Number: A68463

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### 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](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555


License Number: G78814

NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None


 Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### 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](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## B. Clínicas de salud con calificación federal

License Number: 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](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLE, CA  
91977-4035


 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: PA54588  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY


HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)


### 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  
HEALTH CENTERS OF SAN  
DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)


### SPRING VALLEY

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035


 Phone: 619-515-2555


 After Hours Phone:  
619-515-2555

License Number: A118095  
NPI: 1134155377

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
Cultural Competency: No

 Hours: SU-SA 9AM-5PM  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HEALTH CENTERS OF SAN  
DIEGO

 Website: [www.fhcsd.org](http://www.fhcsd.org)

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## B. Clínicas de salud con calificación federal


Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

 8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
619-515-2555

License Number: C174771


NPI: 1134155377

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

 Hours: SU-SA 9AM-5PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CENTERS OF SAN DIEGO


 Website: [www.fhcsd.org](http://www.fhcsd.org)

### VISTA

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-414-3892

 After Hours Phone:

760-414-3892

License Number: DC31392

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-414-3892

 After Hours Phone:  
760-414-3892

License Number: NP23217

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-414-3892

 After Hours Phone:  
760-414-3892

License Number: 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](http://www.vistacommunityclinic.org)

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-414-3892

Fax: 760-414-3892

 After Hours Phone:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

760-414-3892  
 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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000

License Number: 20A13745  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish

Cultural Competency: No  
 ⌚ Hours: SU-SA 8AM-8PM  
 American Sign Language (ASL): N

Accessibility: CONTACT

PROVIDER  
 Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000

License Number: 20A18374  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish

Cultural Competency: No  
 ⌚ Hours: SU-SA 8AM-8PM  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000

License Number: 20A8949  
 NPI: 1598122871  
 Accepting New Patients: Yes  
 Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish

Cultural Competency: No  
 ⌚ Hours: SU-SA 8AM-8PM  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal


Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: A173511

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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: A56214

NPI: 1598122871


Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

 Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF

SOUTHERN CALIFORNIA


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: 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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR  
VISTA, CA 92084-5218

 Phone: 760-631-5000

 After Hours Phone:  
760-631-5000

License Number: A80635

NPI: 1598122871

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish

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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone: 760-631-5000

License Number: C143703  
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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone: 760-631-5000

License Number: C162072  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish

Cultural Competency: No  
🕒 Hours: SU-SA 8AM-8PM  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone: 760-631-5000

License Number: C171929  
NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish

Cultural Competency: No  
🕒 Hours: SU-SA 8AM-8PM  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone: 760-631-5000

License Number: C52564  
NPI: 1598122871

Accepting New Patients: Yes  
Min/Max Age: 0\None

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish

Cultural Competency: No  
🕒 Hours: SU-SA 8AM-8PM  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP OF SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

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: 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

### 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

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## B. Clínicas de salud con calificación federal

<p> <i>Site Languages(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p> <i>Hours:</i> SU-SA 8AM-8PM</p> <p><i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility:</i> CONTACT PROVIDER</p> <p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p> <p> <i>Website:</i> <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p>	<p><b>VISTA COMMUNITY CLINIC</b></p> <p><i>Provider ID:</i> 206338</p> <p> 1000 VALE TERRACE DR VISTA, CA 92084-5218</p> <p> <i>Phone:</i> 760-631-5000</p> <p> <i>After Hours Phone:</i> 760-631-5000</p> <p><i>License Number:</i> NP95003571</p> <p><i>NPI:</i> 1598122871</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Min/Max Age:</i> 0\None</p>	<p><i>Spanish</i></p> <p><i>Cultural Competency:</i> No</p> <p> <i>Hours:</i> SU-SA 8AM-8PM</p> <p><i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility:</i> CONTACT PROVIDER</p> <p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p> <p> <i>Website:</i> <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p>
<p><b>VISTA COMMUNITY CLINIC</b></p> <p><i>Provider ID:</i> 206338</p> <p> 1000 VALE TERRACE DR VISTA, CA 92084-5218</p> <p> <i>Phone:</i> 760-631-5000</p> <p> <i>After Hours Phone:</i> 760-631-5000</p> <p><i>License Number:</i> NP10896</p> <p><i>NPI:</i> 1598122871</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Min/Max Age:</i> 0\None</p>	<p> <i>Site English Spoken:</i> Yes</p> <p> <i>Site Languages(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p> <i>Hours:</i> SU-SA 8AM-8PM</p> <p><i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility:</i> CONTACT PROVIDER</p> <p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p> <p> <i>Website:</i> <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p>	<p><b>VISTA COMMUNITY CLINIC</b></p> <p><i>Provider ID:</i> 206338</p> <p> 1000 VALE TERRACE DR VISTA, CA 92084-5218</p> <p> <i>Phone:</i> 760-631-5000</p> <p> <i>After Hours Phone:</i> 760-631-5000</p> <p><i>License Number:</i> NP95009284</p> <p><i>NPI:</i> 1598122871</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Min/Max Age:</i> 0\None</p>
<p> <i>Site English Spoken:</i> Yes</p> <p> <i>Site Languages(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p> <i>Hours:</i> SU-SA 8AM-8PM</p> <p><i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility:</i> CONTACT PROVIDER</p> <p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p> <p> <i>Website:</i> <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p>	<p><b>VISTA COMMUNITY CLINIC</b></p> <p><i>Provider ID:</i> 206338</p> <p> 1000 VALE TERRACE DR VISTA, CA 92084-5218</p> <p> <i>Phone:</i> 760-631-5000</p> <p> <i>After Hours Phone:</i> 760-631-5000</p> <p><i>License Number:</i> NP95009149</p> <p><i>NPI:</i> 1598122871</p> <p><i>Accepting New Patients:</i> Yes</p> <p><i>Min/Max Age:</i> 0\None</p> <p> <i>Site English Spoken:</i> Yes</p> <p> <i>Site Languages(s) Spoken:</i></p>	<p> <i>Site English Spoken:</i> Yes</p> <p> <i>Site Languages(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p> <i>Hours:</i> SU-SA 8AM-8PM</p> <p><i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility:</i> CONTACT PROVIDER</p> <p><i>Medical Group/IPA:</i> IHP OF SOUTHERN CALIFORNIA</p> <p> <i>Website:</i> <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## B. Clínicas de salud con calificación federal

### 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](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
760-631-5000

License Number: PA19629

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:

Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 844-308-5003

After Hours Phone:  
844-308-5003

License Number: NP11448

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: 844-308-5003

After Hours Phone:  
844-308-5003

License Number: PA20775

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Site Languages(s) Spoken:  
Spanish

Cultural Competency: No

Hours: SU-SA 8AM-8PM

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP OF  
SOUTHERN CALIFORNIA

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### VCC DURIAN

Provider ID: 411518

105 DURIAN ST STE A  
VISTA, CA 92083-6206

Phone: 844-308-5003

Fax: 760-414-3892

After Hours Phone:  
844-308-5003

NPI: 1598122871

Accepting New Patients: Yes

Min/Max Age: 0\None

Site English Spoken: Yes

Cultural Competency: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## B. Clínicas de salud con calificación federal

 Hours: SU-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  
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

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## B. Clínicas de salud con calificación federal

*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*  
📍 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### CERTIFIED NURSE PRACTITIONER


##### **SANDERS, JESSICA**

Provider ID: 517802

Provider Gender: Female

License Number: NP23004


NPI: 1760765333


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### CERTIFIED NURSE PRACTITIONER

##### **TODD, MIKAYLA**


Provider ID: 517802

Provider Gender: Female

License Number: NP95005999


NPI: 1316478092


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### CHIROPRACTOR

##### **ABDULRAHIM, AHMED**


Provider ID: 517802

Provider Gender: Male

License Number: DC28335


NPI: 1619040292


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Burmese, Gujarati,  
Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### CHIROPRACTOR

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

#### **FAMILY PRACTICE**

### BAUTISTA, LUIS

Provider ID: 517802

Provider Gender: Male

License Number: A97270

NPI: 1295712206

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,

ST AGNES MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### DUBE, BIANCA

Provider ID: 517802

Provider Gender: Female

License Number: C172036

NPI: 1740535152

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### KAUFHOLD, ANNE

Provider ID: 517802

Provider Gender: Female

License Number: A88893

NPI: 1164508073

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

### WYLIE, BLAKE

Provider ID: 517802

Provider Gender: Male

License Number: 20A11088

NPI: 1922314145

Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,


SCRIPPS MEMORIAL


HOSPITAL ENCINITAS


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FQHC

### SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE,


Provider ID: 517802


NPI: 1770124315

Provider English Spoken: Y


Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

Fax: (619) 320-3347

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

### STENSMAN, LARS

Provider ID: 517802

Provider Gender: Male

License Number: A158569

NPI: 1659638062


Provider English Spoken: Y


Provider Language(s)  
Spoken: Danish, French,  
Norwegian, Swedish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

### STENSMAN, LARS

Provider ID: 595793


Provider Gender: Male


NPI: 1659638062

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: 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*

*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*

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### HOSPITAL

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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### BAUM, PETER

Provider ID: 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

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## C. Directorio de atención primaria

IHP OF SOUTHERN CAL-PHP N

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

**BAUM, PETER**

Provider ID: 549082

Provider Gender: Male

NPI: 1174919971

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

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

**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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

**KAUFHOLD, ANNE**

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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

**MCINTYRE, RYAN**

Provider ID: 519686

Provider Gender: Male

License Number: A133029

NPI: 1164776555

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### ORTIZ, KENNETH

Provider ID: 519686

Provider Gender: Male

License Number: A156607

NPI: 1356761571

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### ROGERS, MATTHEW

Provider ID: 519686

Provider Gender: Male

License Number: 20A18400

NPI: 1639606130

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### ROGERS, MATTHEW

Provider ID: 530207

Provider Gender: Male

NPI: 1639606130

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

Fax: (619) 824-9071

After Hours Phone: (619) 662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### FAMILY PRACTICE

#### SAIDRO, LUZVIMINDA

Provider ID: 519686

Provider Gender: Female

License Number: A93746

NPI: 1750364386

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: UC DAVIS MEDICAL CTR

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### IHP OF SOUTHERN CAL-PHP

1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT

### PROVIDER

Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

#### 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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### SHARPE, NORMA

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](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### CARLSBAD

### CERTIFIED NURSE

### PRACTITIONER

#### YOUNG, JENNIFER

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): NPI: 1245246917

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

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### **CERTIFIED NURSE PRACTITIONER**

---

#### **YOUNG, JENNIFER**

Provider ID: 480120

Provider Gender: Female

License Number: NP95003087


NPI: 1558701094


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

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### **FQHC**

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#### **TRUECARE,**

Provider ID: 480120


NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

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### **PEDIATRICS**


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#### **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

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### **PEDIATRICS**

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#### **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)









Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

736-6767  
 Website: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Board Certified Specialty: No  
**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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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### CERTIFIED NURSE PRACTITIONER

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#### **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-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

### CERTIFIED NURSE PRACTITIONER

---


#### **QUILALANG, SUSAN**

Provider ID: 427322

Provider Gender: Female

License Number: RN371480


NPI: 1841200482


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

### CERTIFIED NURSE PRACTITIONER

---


#### **ROSS, CRYSTAL**

Provider ID: 427322

Provider Gender: Female

License Number: NP95015413

NPI: 1548683378

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON, GROSSMONT  
HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

### CERTIFIED NURSE PRACTITIONER

---

#### **SAUNDERS, DENISE**

Provider ID: 206355

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


License Number: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CHIROPRACTOR

**HASHEM, SHIVA**

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### CHIROPRACTOR

**KAZEM, HARON**

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-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### CHIROPRACTOR

**PLANTE, CHARLES**

Provider ID: 427322

Provider Gender: Male

License Number: DC31963

NPI: 1760464960

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CHIROPRACTOR

**REYNOSO, ALFONSO**

Provider ID: 427322

Provider Gender: Male

License Number: DC20760

NPI: 1285921627

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100


After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)


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## C. Directorio de atención primaria

*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, CHULA VISTA  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula- vista- medic al- plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT






**PROVIDER**  
 Hours: M-F 8AM-5PM

### **ENDOCRINOLOGY** **METABOLISM DIABETES**



**CRUZ, MICHAEL**  
 Provider ID: 427322  
 Provider Gender: Male  
 License Number: A138772  
 NPI: 1265851133  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP 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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **ENDOCRINOLOGY** **METABOLISM DIABETES**

**VINCENT, LAUREN**  
 Provider ID: 427322

Provider Gender: Female  
 License Number: A134303  
 NPI: 1053757997  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula- vista- medic al- plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**ALANIZ, MATEO**  
 Provider ID: 427322  
 Provider Gender: Male  
 License Number: A124388  
 NPI: 1700175577  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **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-medic](http://www.syhealth.org/clinics/chula-vista-medic)



al- plaza  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 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-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **CAMPOS, MELISSA**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A138474  
 NPI: 1427475318  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **CHERY, FARAH**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): 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](http://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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### JIMENEZ, KRISTAL

Provider ID: 427322


Provider Gender: Female

License Number: A159831

NPI: 1922531250



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## C. Directorio de atención primaria

 *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- 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**


#### **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- 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**


#### **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- medic al- plaza*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **MCKENNETT, MARIANNE**

*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**

*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**

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## C. Directorio de atención primaria

### MENON, POOJA

Provider ID: 427322

Provider Gender: Female


License Number: A123263


NPI: 1053600064


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**


### MERRILL, SARAH

Provider ID: 427322

Provider Gender: Female

License Number: A123492

NPI: 1225399512

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


### THORNTON

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### **FAMILY PRACTICE**


### MOYA, MARY

Provider ID: 427322

Provider Gender: Female

License Number: A80185

NPI: 1093844417

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS



MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### NGUYEN, CARIE

Provider ID: 427322

Provider Gender: Female

License Number: A106103


NPI: 1174781132


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

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## C. Directorio de atención primaria

 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**


#### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **PISINGER, PATRICIA**

Provider ID: 427322

Provider Gender: Female

License Number: A69264

NPI: 1861428302

 Provider English Spoken: Y

 Provider Language(s) Spoken: Czech



Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **ROSENBLATT, EUGENE**

Provider ID: 427322

Provider Gender: Male



License Number: 20A9060


NPI: 1427123991

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

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## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**


#### **SHAHTAJI, ALAN**

Provider ID: 427322

Provider Gender: Male

License Number: 20A11087

NPI: 1972751089

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY


THORNTON


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **SWARTZ, JOHN**

Provider ID: 427322

Provider Gender: Male

License Number: G72486

NPI: 1396754131

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY

HOSPITAL, LOS ANGELES


COUNTY HARBOR UCLA


MEDICAL CENTER


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **TALAVERA, GREGORY**

Provider ID: 427322

Provider Gender: Male


License Number: A40061

NPI: 1740337161

 Provider English Spoken: Y

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## C. Directorio de atención primaria

 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 678 3RD AVE  
CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**


#### **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**

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## C. Directorio de atención primaria

### VELASQUEZ, SHARON

Provider ID: 427322

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### YOON, RYAN

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### **FQHC**

### CHULA VISTA FAMILY HLTH CTR,

Provider ID: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p align="center"><b>FQHC</b></p> <p><b>FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,</b>  <i>Provider ID: 417641</i>  <i>NPI: 1083959464</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>  <input type="location"/> 352 L ST            CHULA VISTA, CA 91911  <input type="phone"/> <i>Phone: (619) 515-2325</i>  <i>Fax: (619) 420-0660</i>  <input type="phone"/> <i>After Hours Phone: (619) 515-2325</i>  <input type="website"/> <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>  <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i>  <input type="clock"/> <i>Hours: M-F 8AM-5PM</i></p>	<p><i>662-4100</i>  <input type="website"/> <i>Website: www.syhealth.org /clinics/chula- vista- medic al- plaza</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>  <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i>  <input type="clock"/> <i>Hours: M-F 8AM-5PM SA 8AM-4PM</i></p>	<p><i>Provider ID: 427322</i>  <i>Provider Gender: Female</i>  <i>License Number: DDS102880</i>  <i>NPI: 1366917353</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>  <input type="location"/> 678 3RD AVE            CHULA VISTA, CA 91910  <input type="phone"/> <i>Phone: (619) 662-4100</i>  <input type="phone"/> <i>After Hours Phone: (619) 662-4100</i></p>
<p align="center"><b>FQHC</b></p> <p><b>SAN YSIDRO HEALTH CHULA VISTA,</b>  <i>Provider ID: 427322</i>  <i>NPI: 1326486861</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>IHP OF SOUTHERN CAL-PHP</b>  <input type="location"/> 678 3RD AVE            CHULA VISTA, CA 91910  <input type="phone"/> <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 425-6941</i>  <input type="phone"/> <i>After Hours Phone: (619)</i></p>	<p align="center"><b>FQHC</b></p> <p><b>SAN YSIDRO HEALTH SOUTH BAY PEDIATRICS,</b>  <i>Provider ID: 664445</i>  <i>NPI: 1184135873</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <b>IHP OF SOUTHERN CAL-PHP</b>  <input type="location"/> 280 E ST            CHULA VISTA, CA 91910  <input type="phone"/> <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 426-2170</i>  <input type="phone"/> <i>After Hours Phone: (619) 662-4100</i>  <input type="website"/> <i>Website: www.syhealth.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\21</i>  <i>American Sign Language (ASL): N</i>  <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i>  <input type="clock"/> <i>Hours: M-F 8AM-5PM</i></p> <p align="center"><b>GENERAL DENTISTRY</b></p> <p><b>PHAM, QUYNH</b></p>	<p align="center"><b>GENERAL PRACTICE</b></p> <p><b>SAMI, REMAN</b>  <i>Provider ID: 427322</i>  <i>Provider Gender: Female</i>  <i>License Number: 20A19457</i>  <i>NPI: 1295362242</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>  <input type="location"/> 678 3RD AVE</p>

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## C. Directorio de atención primaria

<p>CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a>  Medi-Cal Open Panel: Yes  Min/Max Age: 0\None  American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p><i>/clinics/chula-vista-medical-plaza</i>  Medi-Cal Open Panel: Yes  Min/Max Age: 0\None  American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p>N   Accessibility: CONTACT PROVIDER</p>
<b>INTERNAL MEDICINE</b>		
<p><b>HEMATOLOGY / ONCOLOGY</b>  <b>QUIROZ, ELISA</b>  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: <a href="http://www.syhealth.org">www.syhealth.org</a></p>	<p><b>INTERNAL MEDICINE</b>  <b>CHEN, TSUH-YIN</b>  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: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a>  Medi-Cal Open Panel: Yes  Min/Max Age: 0\None  American Sign Language (ASL): N</p>	<p><b>INTERNAL MEDICINE</b>  <b>HAMMETT, ERIN</b>  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: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a>  Medi-Cal Open Panel: Yes  Min/Max Age: 0\None  American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>

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## C. Directorio de atención primaria

<p><b>INTERNAL MEDICINE</b></p> <p><b>KAKAIYA, ROSHNI</b>            Provider ID: 427322            Provider Gender: Female            License Number: 20A19485            NPI: 1073179529</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p>NPI: 1598020752</p> <p> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>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</p>
<p><b>INTERNAL MEDICINE</b></p> <p><b>KIM, JIUN</b>            Provider ID: 427322            Provider Gender: Female            License Number: C182935</p>	<p><b>INTERNAL MEDICINE</b></p> <p><b>UWEDJOJEVWE, LETICIA</b>            Provider ID: 380242            Provider Gender: Female            NPI: 1891882221</p> <p> 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</p> <p> 340 4TH AVE STE 10</p>	<p><b>INTERNAL MEDICINE</b></p> <p><b>VELAZQUEZ CAMARENA, MARIA</b>            Provider ID: 427322            Provider Gender: Female            License Number: A56153            NPI: 1518965714</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</p> <p> 678 3RD AVE            CHULA VISTA, CA 91910   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://www.syhealth.org/clinics/chula-vista-medical-plaza">www.syhealth.org/clinics/chula-vista-medical-plaza</a></p>

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## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### OBSTETRICS / GYNECOLOGY


#### **BUECHNER, CHARLENE**

Provider ID: 206355

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,


SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### OBSTETRICS / GYNECOLOGY


#### **CARTER, KHALIL**

Provider ID: 206355

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

#### **CHAKRABARTI, PRIYA**

Provider ID: 206355

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp

Grossmont Hospital

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## C. Directorio de atención primaria

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

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


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## C. Directorio de atención primaria


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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **MENDEZ, DIEGO**

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](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **SEFA-BOAKYE, KOFI**

Provider ID: 427322

Provider Gender: Male

License Number: G59670

NPI: 1902993660

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medic](http://www.syhealth.org/clinics/chula-vista-medic)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**


#### **STABEN, REBECCA**

Provider ID: 206355

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 251 LANDIS AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **TRUJILLO, JENNIFER**

Provider ID: 427322

Provider Gender: Female

License Number: 20A8204

NPI: 1053407593

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206355

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910  
Phone: (619) 515-2500  
After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **OPHTHALMOLOGY**

#### **PAPASTERGIU, GEORGIOS**

Provider ID: 427322

Provider Gender: Male

License Number: A127706

NPI: 1790054393

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Farsi,  
French, Greek, Italian,  
Spanish

Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL  
CENTER, SCRIPPS MEMORIAL

HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### **OPHTHALMOLOGY**

#### **PONS, MAURICIO**

Provider ID: 427322

Provider Gender: Male

License Number: A87650

NPI: 1376723759

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, EL  
CENTRO REGIONAL MEDICAL  
CENTER, SHARP MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP  
678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **OPHTHALMOLOGY**

#### **SKAF, AYHAM**

Provider ID: 427322

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N

Hospital Affiliation: EL

CENTRO REGIONAL MEDICAL  
CENTER, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL



Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100  
After Hours Phone: (619)



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



*Cultural Competency: N*  
*Hospital Affiliation: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.








## C. Directorio de atención primaria

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria








**PROVIDER**  
 Hours: M-F 8AM-5PM  
 SA 8AM-12PM

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### **PEDIATRICS**

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#### **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

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### **PEDIATRICS**

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#### **GARCIA, CARLOS**

Provider ID: 64734  
 Provider Gender: Male  
 NPI: 1417959370  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 1392 E PALOMAR ST STE  
 501  
 CHULA VISTA, CA 91913  
 Phone: (619) 271-4059  
 Fax: (619) 271-7451  
 After Hours Phone: (619)  
 271-4059  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH  
 8:30AM-5:30PM  
 F 8:30AM-5PM

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### **PEDIATRICS**

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#### **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

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### **PEDIATRICS**

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#### **GHAHREMANI, SIMIN**

Provider ID: 634787  
 Provider Gender: Female  
 NPI: 1508904657  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Faroese, Farsi

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria

<p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>JACOBS-KLEISLI, MILAGROS</b>            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</p>	<p>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</p>	<p>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</p>
<p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>KORSAND, SID</b></p>	<p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>KORSAND, SID</b>            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</p>	<p style="text-align: center;"><b><u>PEDIATRICS</u></b></p> <p><b>MCCMAHON, SHARON</b>            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</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*  
 *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,*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: 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](http://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-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **PEDIATRICS**

#### **VALENCIA, MARILES**

Provider ID: 104059  
 Provider Gender: Female  
 NPI: 1275541625

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, PARADISE VALLEY  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MERCY  
 HOSPITAL

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## C. Directorio de atención primaria

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

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## C. Directorio de atención primaria

Provider Gender: Female

License Number: PA54404

NPI: 1679008379

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Russian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PHYSICIANS ASSISTANT

#### **MENDEZ, JESUS**

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **QUICK, ELISABETH**

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### **REVELES, DIANA**

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PODIATRIST

#### **MANCHEL, BRUCE**

Provider ID: 427322

Provider Gender: Male

License Number: DPM2930

NPI: 1790890788



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## C. Directorio de atención primaria

 *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*

### 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:30AM-5:30PM

### REGISTERED PHYSICAL THERAPIST

#### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### REGISTERED PHYSICAL THERAPIST

#### **MIGNEA, DAVID**

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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### REGISTERED PHYSICAL THERAPIST

#### **RODRIGUEZ, CASSANDRA**

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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### RHEUMATOLOGY

#### **REDDY, DANA**

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### **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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### **EL CAJON**

#### **CERTIFIED NURSE PRACTITIONER**

**BELEN, NEZER**

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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

#### **CERTIFIED NURSE**

#### **PRACTITIONER**

**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](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

#### **CERTIFIED NURSE PRACTITIONER**

**GARCIA, JOHNNY**

Provider ID: 418340

Provider Gender: Male

License Number: NP95007000  
NPI: 1932622156

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**HARPEL, SHERYL**

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](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### CERTIFIED NURSE PRACTITIONER

**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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**LEONARD, BEVERLY**

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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 515-2499  
 After Hours Phone: (619) 515-2499  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM







### CERTIFIED NURSE PRACTITIONER

**LU, TAMMY**  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

**MANGENE, CYNTHIA**  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

**OCHOA, ERLINDA**  
 Provider ID: 418501  
 Provider Gender: Female  
 License Number: NP4430  
 NPI: 1346437464  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619) 795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

**OCHOA, ERLINDA**  
 Provider ID: 185267  
 Provider Gender: Female  
 License Number: NP4430  
 NPI: 1346437464  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619) 312-0347

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Website: [www.lamaestra.org](http://www.lamaestra.org)

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER


#### **ODA, THAGHAR**


Provider ID: 418340

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Amharic, Arabic


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER


#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC


 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM




### CERTIFIED NURSE PRACTITIONER


**REGEV, SHANEE**

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](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**REID, EMILY**

Provider ID: 185267  
Provider Gender: Female  
License Number: NP95002766  
NPI: 1083081467

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
312-0347


 Website: [www.lamaestra.org](http://www.lamaestra.org)

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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**SMITH, SHARON**

Provider ID: 418340  
Provider Gender: Female  
License Number: RN428876  
NPI: 1780603597

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER



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### CERTIFIED NURSE PRACTITIONER



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#### **SWAN, MELANIE**

Provider ID: 206354  
 Provider Gender: Female  
 License Number: NP95000818  
 NPI: 1871934414

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 1111 W CHASE AVE  
 EL CAJON, CA 92020  
 Phone: (619) 515-2499  
 After Hours Phone: (619)  
 515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:30AM-5:30PM

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### CERTIFIED NURSE PRACTITIONER

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#### **VERDUZCO GONZALEZ,**


#### **AURORA**

Provider ID: 185267  
 Provider Gender: Female  
 License Number: NP95001961  
 NPI: 1932452323


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC

 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
 312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

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### CERTIFIED NURSE PRACTITIONER

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#### **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](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM



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### CERTIFIED NURSE PRACTITIONER

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#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### CERTIFIED NURSE PRACTITIONER

#### **WILLIAMS, TAKISHA**

Provider ID: 418340

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST  
 EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

### CHIROPRACTOR

#### **HOURIHAN, KEITH**

Provider ID: 418501

Provider Gender: Male

License Number: DC29314

 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](http://www.lamaestra.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:30AM-5:30PM

### CHIROPRACTOR

#### **SOSA, DAVID**

Provider ID: 418340

Provider Gender: Male

License Number: DC33150


NPI: 1013308675

 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO



 525 E MAIN ST  
 EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## C. Directorio de atención primaria

515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **CHIROPRACTOR**

#### **SOSA, DAVID**



Provider ID: 206354  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO






 1111 W CHASE AVE  
EL CAJON, CA 92020  
 Phone: (619) 515-2499  
 After Hours Phone: (619)  
515-2499  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **CHIROPRACTOR**

#### **UY, ASHLEY**




Provider ID: 418340  
Provider Gender: Female






License Number: DC33869  
NPI: 1174059760  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### **ENDOCRINOLOGY METABOLISM DIABETES**

#### **ISLAM, JULIE**

Provider ID: 418340  
Provider Gender: Female  
License Number: A149552  
NPI: 1750780516  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bengali, Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
 525 E MAIN ST

EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): Provider 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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **BROWN, BRANDON**

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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

SA 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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](http://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](http://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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NPI: 1386848166

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**

#### **NIAZI, HARRIS**

Provider ID: 418340

Provider Gender: Male

License Number: A146111

NPI: 1174905871

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No


FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)

515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **FAMILY PRACTICE**


#### **PUTRUS, RAMIZ**

Provider ID: 664824

Provider Gender: Male

License Number: A68184

NPI: 1144300534

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 181 REA AVE  
EL CAJON, CA 92020

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **PUTRUS, RAMIZ**

Provider ID: 185267

Provider Gender: Male

License Number: A68184

NPI: 1144300534

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 165 S 1ST ST  
EL CAJON, CA 92019

 Phone: (619) 312-0347

 After Hours Phone: (619)  
312-0347


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **RODRIGUEZ, LOUIE**


Provider ID: 418340

Provider Gender: Male

License Number: A176144

NPI: 1558823625

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619) 515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:30AM-5:30PM

#### FAMILY PRACTICE

### SALEM, RAMSEY

Provider ID: 569910  
Provider Gender: Male  
License Number: A158364  
NPI: 1245401298

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100

Website: [www.syhealth.org](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

#### FAMILY PRACTICE

### SCHUMAKER, EDWARD

Provider ID: 185267  
Provider Gender: Male  
License Number: 20A6433  
NPI: 1184616872

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

165 S 1ST ST  
EL CAJON, CA 92019  
Phone: (619) 312-0347  
After Hours Phone: (619) 312-0347

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

#### FAMILY PRACTICE

### SCHUMAKER, EDWARD

Provider ID: 418501  
Provider Gender: Male  
License Number: 20A6433  
NPI: 1184616872

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

1032 BROADWAY  
EL CAJON, CA 92021  
Phone: (619) 795-5991  
After Hours Phone: (619) 795-5991

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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 FOUNDATION

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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 8AM-8PM  
M-F 8AM-8PM*

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### 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*

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria

EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 Fax: (619) 749-5480  
 After Hours Phone: (619) 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM


### FQHC





**SAN YSIDRO HEALTH EL CAJON,**  
 Provider ID: 569910  
 NPI: 1568845741  
 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 Fax: (619) 785-3356  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### HEPATOLOGY



**GISH, ROBERT**  
 Provider ID: 185267  
 Provider Gender: Male  
 License Number: G45632  
 NPI: 1548281322  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619) 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### INTERNAL MEDICINE

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### **DUONG, MAI**

Provider ID: 418340

Provider Gender: Female

License Number: A127798

NPI: 1629339304

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### INTERNAL MEDICINE


#### **GORGES, RANDA**

Provider ID: 418340

Provider Gender: Female

License Number: A138815

NPI: 1285079509

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### INTERNAL MEDICINE

#### **JABRI, ZAIN**

Provider ID: 418501

Provider Gender: Male

License Number: A160760

NPI: 1891159620

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: ST AGNES  
MEDICAL CENTER, CITY OF  
HOPE NATIONAL MED CTR,  
JOHN F KENNEDY MEMORIAL  
HOSP, SUTTER MEDICAL  
CENTER SACRAMENTO,  
PIONEERS MEMORIAL  
HOSPITAL, SCRIPPS MERCY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

1032 BROADWAY  
EL CAJON, CA 92021

Phone: (619) 795-5991

After Hours Phone: (619)  
795-5991

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### INTERNAL MEDICINE

#### 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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

#### 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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### MAY, LOUIS

Provider ID: 569910

Provider Gender: Male

License Number: A138568

NPI: 1720497514

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### MICHAEL, RAMI

Provider ID: 569910

Provider Gender: Male

License Number: A144513

NPI: 1467871673

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Hospital Affiliation: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: 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: 418501  
 Provider Gender: Male  
 License Number: C55979  
 NPI: 1740254713  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Assyrian,  
 Spanish, Syriac  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
**MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, GROSSMONT  
 HOSPITAL**  
 Board Certified Specialty: No  
**LA MAESTRA FAMILY CLINIC**  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5983  
 After Hours Phone: (619)  
 795-5983  
 Website: [www.lamaestra.or](http://www.lamaestra.or)



































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 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM

### **INTERNAL MEDICINE**

**ROUEL, LINDA**  
 Provider ID: 308485  
 Provider Gender: Female  
 NPI: 1326128950  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

N	TH-F 8AM-5PM	Spoken: Armenian, Hebrew
 <i>Accessibility: CONTACT PROVIDER</i>	<hr/> <p style="text-align: center;"><b>INTERNAL MEDICINE</b></p> <hr/>	<i>Cultural Competency: N</i>
 <i>Hours: M-F 8AM-7PM</i>	<p><b>SHEIKH-MOHAMED, HALA</b></p>	<i>Hospital Affiliation: NORTH BAY VACAVALLEY HOSPITAL</i>
<hr/> <p style="text-align: center;"><b>INTERNAL MEDICINE</b></p> <hr/>	<i>Provider ID: 569910</i> <i>Provider Gender: Female</i>	<i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i>
<p><b>ROUEL, WADI</b></p>	<i>License Number: A159247</i>	 875 EL CAJON BLVD
<i>Provider ID: 185267</i>	<i>NPI: 1972946770</i>	EL CAJON, CA 92020
<i>Provider Gender: Male</i>	 <i>Provider English Spoken: Y</i>	 <i>Phone: (619) 662-4100</i>
<i>License Number: C55979</i>	 <i>Provider Language(s)</i>	 <i>After Hours Phone: (619) 662-4100</i>
<i>NPI: 1740254713</i>	<i>Spoken: Arabic, Hindi, Urdu</i>	 <i>Website: www.syhealth.org</i>
 <i>Provider English Spoken: Y</i>	<i>Cultural Competency: N</i>	<i>Medi-Cal Open Panel: Yes</i>
 <i>Provider Language(s)</i>	<i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</i>	<i>Min/Max Age: 0\None</i>
<i>Spoken: Arabic, Assyrian, Spanish, Syriac</i>	<i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i>	<i>American Sign Language (ASL): N</i>
<i>Cultural Competency: N</i>	 875 EL CAJON BLVD	 <i>Accessibility: CONTACT PROVIDER</i>
<i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL</i>	EL CAJON, CA 92020	<hr/> <p style="text-align: center;"><b>INTERNAL MEDICINE</b></p> <hr/>
<i>Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</i>	 <i>Phone: (619) 662-4100</i>	<p><b>YOON, TAE HYUN</b></p>
 165 S 1ST ST	 <i>After Hours Phone: (619) 662-4100</i>	<i>Provider ID: 418340</i>
EL CAJON, CA 92019	 <i>Website: www.syhealth.org</i>	<i>Provider Gender: Male</i>
 <i>Phone: (619) 269-1262</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>License Number: C161090</i>
 <i>After Hours Phone: (619) 269-1262</i>	<i>Min/Max Age: 0\None</i>	<i>NPI: 1508918178</i>
 <i>Website: www.lamaestra.org</i>	<i>American Sign Language (ASL): N</i>	 <i>Provider English Spoken: Y</i>
<i>Medi-Cal Open Panel: Yes</i>	 <i>Accessibility: CONTACT PROVIDER</i>	 <i>Provider Language(s)</i>
<i>Min/Max Age: 0\None</i>	<hr/> <p style="text-align: center;"><b>INTERNAL MEDICINE</b></p> <hr/>	<i>Spoken: Korean</i>
<i>American Sign Language (ASL): N</i>	<p><b>TCHAKMAKJIAN, LEVON</b></p>	<i>Cultural Competency: N</i>
 <i>Accessibility: CONTACT PROVIDER</i>	<i>Provider ID: 569910</i>	<i>Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO</i>
 <i>Hours: M-TU 8AM-5PM</i>	<i>Provider Gender: Male</i>	 525 E MAIN ST
<hr/> <p style="text-align: center;"><b>INTERNAL MEDICINE</b></p> <hr/>	<i>License Number: C144411</i>	EL CAJON, CA 92020
<p><b>ROUEL, WADI</b></p>	<i>NPI: 1790744795</i>	 <i>Phone: (619) 515-2498</i>
<i>Provider ID: 185267</i>	 <i>Provider English Spoken: Y</i>	 <i>After Hours Phone: (619) 515-2498</i>
<i>Provider Gender: Male</i>	 <i>Provider Language(s)</i>	
<i>License Number: C55979</i>		
<i>NPI: 1740254713</i>		
 <i>Provider English Spoken: Y</i>		
 <i>Provider Language(s)</i>		
<i>Spoken: Arabic, Assyrian, Spanish, Syriac</i>		
<i>Cultural Competency: N</i>		
<i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL</i>		
<i>Board Certified Specialty: No LA MAESTRA FAMILY CLINIC</i>		
 165 S 1ST ST		
EL CAJON, CA 92019		
 <i>Phone: (619) 269-1262</i>		
 <i>After Hours Phone: (619) 269-1262</i>		
 <i>Website: www.lamaestra.org</i>		

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### INTERVENTIONAL CARDIOLOGY

#### **KAFRI, HASSAN**

Provider ID: 569910

Provider Gender: Male

License Number: A96002

NPI: 1730258401


Provider English Spoken: Y


Provider Language(s)  
Spoken: Arabic, French,  
German, Russian, Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP CHULA  
VISTA MED CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### 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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY

#### **BUECHNER, CHARLENE**

Provider ID: 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619) 515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 418340  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619) 515-2498  
Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 418340  
Provider Gender: Female  
License Number: C174771  
NPI: 1053392035

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619) 515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Spoken: Hindi, Urdu  
 Cultural Competency: N  
 Board Certified Specialty: No  
**LA MAESTRA FAMILY CLINIC**  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619) 795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

**MENDEZ, DIEGO**  
 Provider ID: 569910  
 Provider Gender: Male  
 License Number: A47906  
 NPI: 1437181922  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, Adventist Health Bakersfield, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KERN MEDICAL CENTER, KERN MEDICAL CENTER

Board Certified Specialty: No  
**IHP OF SOUTHERN CAL-PHP**  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 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 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **OPHTHALMOLOGY**

#### **ALBORZIAN, SHERVIN**


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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

### OPHTHALMOLOGY

#### JARDON, JAVIER

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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### OPHTHALMOLOGY

#### MANI, NASRIN

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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### OPHTHALMOLOGY

#### PAPASTERGIU, GEORGIOS

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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

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### OPHTHALMOLOGY


#### **PONS, MAURICIO**

*Provider ID: 569910*

*Provider Gender: Male*

*License Number: A87650*

*NPI: 1376723759*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL, EL*

*CENTRO REGIONAL MEDICAL*

*CENTER, SHARP MEMORIAL*

*HOSPITAL, SCRIPPS MERCY*


*HOSPITAL*


*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 *875 EL CAJON BLVD*

*EL CAJON, CA 92020*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

---

### OPHTHALMOLOGY


#### **SKAF, AYHAM**


*Provider ID: 569910*

*Provider Gender: Male*

*License Number: A120584*

*NPI: 1285888628*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Arabic, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: EL*

*CENTRO REGIONAL MEDICAL*

*CENTER, SHARP MEMORIAL*

*HOSPITAL, SCRIPPS*


*MEMORIAL HOSPITAL*


*Board Certified Specialty: No*

*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*

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### PEDIATRICS


#### **ADJAN, ROULA**

*Provider ID: 185267*

*Provider Gender: Female*

*License Number: A81682*

*NPI: 1992847263*

 *Provider English Spoken: Y*


 *Provider Language(s)*

*Spoken: Arabic, French, Spanish*


*Cultural Competency: N*


*Board Certified Specialty: No*


*LA MAESTRA FAMILY CLINIC*

 *165 S 1ST ST*

*EL CAJON, CA 92019*

 *Phone: (619) 280-4213*

 *After Hours Phone: (619) 280-4213*

 *Website: www.lamaestra.org*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

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### PEDIATRICS

#### **ALWAHAB, AREEJ**

*Provider ID: 678064*

*Provider Gender: Female*

*NPI: 1497138002*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*

*Hospital Affiliation: ST*

*BERNARDINE MED CTR,*

*KAISER FOUNDATION*

*HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH*


*NETWORK*


 *250 E CHASE AVE STE 110*

*EL CAJON, CA 92020*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 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 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

### PEDIATRICS

#### FLEMING, TARA

Provider ID: 418340

Provider Gender: Female

License Number: A152462

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


NPI: 1972965242


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498


 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

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### PEDIATRICS

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#### HOANG, VY

Provider ID: 546310

Provider Gender: Female


NPI: 1649575135

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 844 JACKMAN ST  
EL CAJON, CA 92020

 Phone: (619) 442-2560

Fax: (619) 442-7836

 After Hours Phone: (619)  
442-2560

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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### PEDIATRICS

---


#### JACKSON, DANA


Provider ID: 418340

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Portuguese,  
Spanish


Cultural Competency: N


Hospital Affiliation:

MARINHEALTH AND  
MARINHEALTH MEDICAL  
CENTER, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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### PEDIATRICS

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#### JONES, SETAREH

Provider ID: 418501

Provider Gender: Female

License Number: A110010


NPI: 1033441316


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 1032 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619)  
795-5983

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria



 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

### **PEDIATRICS**

#### **JONES, SETAREH**

*Provider ID: 185267*  
*Provider Gender: Female*  
*License Number: A110010*  
*NPI: 1033441316*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
*LA MAESTRA FAMILY CLINIC*


 165 S 1ST ST  
 EL CAJON, CA 92019  
 *Phone: (619) 312-0347*  
 *After Hours Phone: (619) 312-0347*  
 *Website: www.lamaestra.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*





 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*



### **PEDIATRICS**

#### **KODSI, ALICIA**

*Provider ID: 418340*



*Provider Gender: Female*  
*License Number: A147976*  
*NPI: 1932514353*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 525 E MAIN ST  
 EL CAJON, CA 92020  
 *Phone: (619) 515-2498*  
 *After Hours Phone: (619) 515-2498*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*





 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*

### **PEDIATRICS**

#### **NAGNUR, PRITI**



*Provider ID: 206354*  
*Provider Gender: Female*  
*License Number: A170055*  
*NPI: 1316289929*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi, Kannada*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1111 W CHASE AVE

EL CAJON, CA 92020  
 *Phone: (619) 515-2499*  
 *After Hours Phone: (619) 515-2499*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

### **PEDIATRICS**

#### **NAIK, SHILPA**

*Provider ID: 546498*  
*Provider Gender: Female*  
*NPI: 1902156904*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*  
 RADY CHILDRENS HEALTH NETWORK

 844 JACKMAN ST  
 EL CAJON, CA 92020  
 *Phone: (619) 442-2560*  
*Fax: (619) 442-7836*  
 *After Hours Phone: (619) 442-2560*  
 *Website: N/A*  
*Medi-Cal Open Panel: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\19

American Sign Language (ASL): Provider ID: 546215

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### **PEDIATRICS**

#### **NGUYEN, VI**

Provider ID: 546509

Provider Gender: Female


NPI: 1053540534

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 844 JACKMAN ST  
EL CAJON, CA 92020

 Phone: (619) 442-2560  
Fax: (619) 442-7836


 After Hours Phone: (619) 442-2560


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### **PEDIATRICS**

#### **PINTO, ANITA**

Provider ID: 546215

Provider Gender: Female

NPI: 1477663722

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi


Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 844 JACKMAN ST  
EL CAJON, CA 92020

 Phone: (619) 442-2560  
Fax: (619) 442-7836

 After Hours Phone: (619) 442-2560


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### **PEDIATRICS**

#### **RODRIGUEZ, ALDO**


Provider ID: 569910

Provider Gender: Male

License Number: A134995

NPI: 1508209651

 Provider English Spoken: Y


 Provider Language(s) Spoken: Portuguese, Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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### **PHYSICIANS ASSISTANT**

#### **ALYAS, ALISIA**

Provider ID: 418501


Provider Gender: Female

License Number: PA58466

NPI: 1437768017






 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No LA MAESTRA FAMILY CLINIC



 1032 BROADWAY  
EL CAJON, CA 92021

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.






## C. Directorio de atención primaria


 Phone: (619) 795-5991  
 After Hours Phone: (619) 795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

### PHYSICIANS ASSISTANT


**ALYAS, ALISIA**  
 Provider ID: 185267  
 Provider Gender: Female  
 License Number: PA58466  
 NPI: 1437768017  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619) 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER







### PHYSICIANS ASSISTANT

**ARMENTA, JORGE**  
 Provider ID: 185267  
 Provider Gender: Male  
 License Number: PA13694  
 NPI: 1346382611  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619) 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)







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 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5:30PM SA 8:30AM-2PM

### PHYSICIANS ASSISTANT

**CONDEZ, EDSSEL**  
 Provider ID: 418340  
 Provider Gender: Male  
 License Number: PA53129  
 NPI: 1073978680  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM SA 8:30AM-5:30PM

































### PHYSICIANS ASSISTANT

**MERCER, KELLY**  
 Provider ID: 185267  
 Provider Gender: Female  
 License Number: PA21625  
 NPI: 1154609790  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619) 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 g  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p>	<p><i>License Number: PA18719</i>  <i>NPI: 1447468137</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i></p>	<p>EL CAJON, CA 92020   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: www.syhealth.org</i></p>
<b>PHYSICIANS ASSISTANT</b>		
<hr/>		
<p><b>MERCER, KELLY</b>  <i>Provider ID: 418501</i>  <i>Provider Gender: Female</i>  <i>License Number: PA21625</i>  <i>NPI: 1154609790</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Arabic</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>LA MAESTRA FAMILY CLINIC</b></p>	<p><i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>   1111 W CHASE AVE            EL CAJON, CA 92020   <i>Phone: (619) 515-2499</i>   <i>After Hours Phone: (619) 515-2499</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>
<b>PHYSICIANS ASSISTANT</b>		
<hr/>		
<p> 1032 BROADWAY            EL CAJON, CA 92021   <i>Phone: (619) 795-5991</i>   <i>After Hours Phone: (619) 795-5991</i>   <i>Website: www.lamaestra.org</i>  <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 8:30AM-5:30PM</i></p>	<p><b>TURNER, ERIC</b>  <i>Provider ID: 206354</i>  <i>Provider Gender: Male</i>  <i>License Number: PA55067</i>  <i>NPI: 1669756128</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>
<b>PHYSICIANS ASSISTANT</b>		
<hr/>		
<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8:30AM-5:30PM</i></p>	<p><b>ROSENBLATT, SHERILYN</b>  <i>Provider ID: 569910</i>  <i>Provider Gender: Female</i>  <i>License Number: PA22872</i>  <i>NPI: 1114041621</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b></p>	<p> 1111 W CHASE AVE            EL CAJON, CA 92020   <i>Phone: (619) 515-2499</i>   <i>After Hours Phone: (619) 515-2499</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<b>PHYSICIANS ASSISTANT</b>		
<hr/>		
<p><b>PATEL, SHREYA</b>  <i>Provider ID: 206354</i>  <i>Provider Gender: Female</i></p>	<p> 875 EL CAJON BLVD</p>	<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8:30AM-5:30PM</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TURNER, SHEREENA</b>            Provider ID: 418340            Provider Gender: Female            License Number: PA20396            NPI: 1992934988</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p> <p><b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 525 E MAIN ST            EL CAJON, CA 92020   Phone: (619) 515-2498   After Hours Phone: (619) 515-2498   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8:30AM-5:30PM</p>	<p>Board Certified Specialty: No</p> <p><b>BORREGO COMMUNITY HEALTH FOUNDTION</b></p> <p> 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</p>	<p>American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>ZAMBRANA, GEORGE</b>            Provider ID: 478971            Provider Gender: Male            License Number: PA16673            NPI: 1104836659</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N</p>	<p><b>PODIATRIST</b></p> <p><b>CHARP, KENNETH</b>            Provider ID: 478971            Provider Gender: Male            License Number: DPM1536            NPI: 1841384203</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p> <p><b>BORREGO COMMUNITY HEALTH FOUNDTION</b></p> <p> 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</p>	<p><b>PODIATRIST</b></p> <p><b>JUAREZ, LETICIA</b>            Provider ID: 418340            Provider Gender: Female            License Number: DPM5661            NPI: 1508393778</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p> <p><b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p> <p> 525 E MAIN ST            EL CAJON, CA 92020   Phone: (619) 515-2498   After Hours Phone: (619) 515-2498   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8:30AM-5:30PM</p>
		<p><b>PODIATRIST</b></p> <p><b>LE, DIANA</b>            Provider ID: 418340            Provider Gender: Female</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider ID: 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](http://www.syhealth.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### REGISTERED PHYSICAL THERAPIST

#### **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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### **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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

N

 **Accessibility: CONTACT PROVIDER**

 **Hours: M-F 8AM-5PM**


### PEDIATRICS

#### **MENDENHALL, ANNA**

**Provider ID: 386635**

**Provider Gender: Female**

**NPI: 1639140650**


 **Provider English Spoken: Y**


 **Provider Language(s) Spoken: Spanish**

**Cultural Competency: N**

**Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL**

**Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK**

 **499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024**

 **Phone: (760) 436-4511**

**Fax: (760) 436-5106**

 **After Hours Phone: (760) 436-4511**


 **Website: N/A**

**Medi-Cal Open Panel: Yes**

**Min/Max Age: 0\19**

**American Sign Language (ASL):**

N

 **Accessibility: CONTACT PROVIDER**

 **Hours: M-F 8AM-5PM**


### PEDIATRICS

#### **TERRY, AMANDA**

**Provider ID: 386739**

**Provider Gender: Female**

**NPI: 1861770885**


 **Provider English Spoken: Y**


**Cultural Competency: N**

**Hospital Affiliation: UCSD**

**MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND**

**Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK**

 **499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024**

 **Phone: (760) 436-4511**

**Fax: (760) 436-5106**

 **After Hours Phone: (760) 436-4511**

 **Website: N/A**


**Medi-Cal Open Panel: Yes**

**Min/Max Age: 0\19**

**American Sign Language (ASL):**

N

 **Accessibility: CONTACT PROVIDER**

 **Hours: M-F 8AM-5PM**

### PEDIATRICS

#### **TOLBA, KAMEI**

**Provider ID: 386624**


**Provider Gender: Male**


**NPI: 1144221763**

 **Provider English Spoken: Y**  
**Cultural Competency: N**

**Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL**

**Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK**

 **499 N EL CAMINO REAL STE B100 ENCINITAS, CA 92024**

 **Phone: (760) 436-4511**

**Fax: (760) 436-5106**

 **After Hours Phone: (760) 436-4511**


 **Website: N/A**


**Medi-Cal Open Panel: Yes**

**Min/Max Age: 0\19**

**American Sign Language (ASL):**

N

 **Accessibility: CONTACT PROVIDER**

 **Hours: M-F 8AM-5PM**

### **ESCONDIDO**

#### CERTIFIED NURSE

#### PRACTITIONER

#### **CARNEY, AMY**

**Provider ID: 206271**

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## C. Directorio de atención primaria

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

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### CERTIFIED NURSE PRACTITIONER

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#### **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

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### CERTIFIED NURSE PRACTITIONER

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#### **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

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### 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

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## C. Directorio de atención primaria

IHP OF SOUTHERN CAL-PHP

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### 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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-12PM

### FAMILY PRACTICE

**ARRIETA, NOEMI**

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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-12PM

### FAMILY PRACTICE

**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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **CASTANER, ZALYA**

Provider ID: 206271

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760) 737-6900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-W 8AM-8PM  
TH-F 8AM-5PM

### FAMILY PRACTICE

#### **COBIAN, VANESSA**

Provider ID: 206271

Provider Gender: Female


License Number: A145349


NPI: 1134513039

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760) 737-6900


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 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

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **FERRAILOLO, NATALIE**

Provider ID: 206270

Provider Gender: Female


License Number: A152372


NPI: 1306290143


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100


 After Hours Phone: (760) 520-8100


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-12PM

### FAMILY PRACTICE

#### **HAMILTON, LISA MARIE**

Provider ID: 652372

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

License Number: 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



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
520-8100

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-12PM



### **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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):




N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
SA 8AM-12PM


### **FAMILY PRACTICE**

#### **PATEL, JITENBHAI**

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](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER




### **FAMILY PRACTICE**


#### **PATEL, JITENBHAI**

Provider ID: 206271  
Provider Gender: Male  
License Number: A94128  
NPI: 1902921406

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760)  
737-6900



 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **RAO, USHA**

Provider ID: 588941  
Provider Gender: Female  
License Number: A148750  
NPI: 1184019911

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 704 E GRAND AVE  
ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): NPI: 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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


### **FAMILY PRACTICE**

#### **RODARTE, GABRIEL**

Provider ID: 206266

Provider Gender: Male

License Number: A87906

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 425 N DATE ST ESCONDIDO, CA 92025

 Phone: (760) 520-8340

 After Hours Phone: (760) 520-8340

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE


#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): IHP OF SOUTHERN CAL-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 8AM-12PM  
M-F 8AM-8PM  
SA 8AM-12PM

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### 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

IHP OF SOUTHERN CAL-PHP

 460 N ELM ST

ESCONDIDO, CA 92025

 Phone: (760) 520-8100

Fax: (360) 466-2745

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org


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

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### 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

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### FQHC

#### NEIGHBORHOOD

#### HEALTHCARE VALLEY PARKWAY,

Provider ID: 206271







NPI: 1720264641

 Provider English Spoken: Y  
Cultural Competency: N

IHP OF SOUTHERN CAL-PHP







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## C. Directorio de atención primaria

 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria





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):  
 N  
 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):  
 N  
 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### AGUILAR, EDITA

Provider ID: 206266  
 Provider Gender: Female  
 License Number: A56054  
 NPI: 1467407411  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, 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):  
 N  
 Accessibility: CONTACT PROVIDER

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## C. Directorio de atención primaria

### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 Phone: (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](http://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

IHP OF SOUTHERN CAL-PHP

 426 N DATE ST  
ESCONDIDO, CA 92025

 Phone: (760) 690-5900

 After Hours Phone: (760) 690-5900

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


### PEDIATRICS

#### **DOSHI, NEELIMA**

Provider ID: 640252

Provider Gender: Female

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
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



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## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*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 FOUNDATION**  
 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<i>PROVIDER</i>	<i>Board Certified Specialty: No</i>	<i>Min/Max Age: 0\None</i>
<b><u>PHYSICIANS ASSISTANT</u></b>	<i>IHP OF SOUTHERN CAL-PHP</i>	<i>American Sign Language (ASL):</i>
<b>SHARPE, NORMA</b>	 728 E VALLEY PKWY ESCONDIDO, CA 92025	<i>N</i>
<i>Provider ID: 588941</i>	 <i>Phone: (760) 737-6900</i>	 <i>Accessibility: CONTACT PROVIDER</i>
<i>Provider Gender: Female</i>	 <i>After Hours Phone: (760) 737-6900</i>	 <i>Hours: M 8AM-4PM TU 8AM-12:30PM W-TH 8AM-5PM</i>
<i>License Number: PA20490</i>	 <i>Website: N/A</i>	
<i>NPI: 1619100237</i>	<i>Medi-Cal Open Panel: Yes</i>	
 <i>Provider English Spoken: Y</i>	<i>Min/Max Age: 0\None</i>	
<i>Cultural Competency: N</i>	<i>American Sign Language (ASL):</i>	<b><u>CERTIFIED NURSE</u></b>
<i>Board Certified Specialty: No</i>	<i>N</i>	<b><u>PRACTITIONER</u></b>
<i>IHP OF SOUTHERN CAL-PHP</i>	 <i>Accessibility: CONTACT PROVIDER</i>	<b>EVERETT, ELIZABETH</b>
 704 E GRAND AVE ESCONDIDO, CA 92025		<i>Provider ID: 624122</i>
 <i>Phone: (619) 662-4100</i>		<i>Provider Gender: Female</i>
 <i>After Hours Phone: (619) 662-4100</i>		<i>License Number: NP95025094</i>
 <i>Website: N/A</i>		<i>NPI: 1942952767</i>
<i>Medi-Cal Open Panel: Yes</i>		 <i>Provider English Spoken: Y</i>
<i>Min/Max Age: 0\None</i>		 <i>Provider Language(s)</i>
<i>American Sign Language (ASL):</i>		<i>Spoken: Sign Language</i>
<i>N</i>		<i>Cultural Competency: N</i>
 <i>Accessibility: CONTACT PROVIDER</i>		<i>Board Certified Specialty: No</i>
		<i>IHP OF SOUTHERN CAL-PHP</i>
	<b>FALLBROOK</b>	 321 E ALVARADO ST FALLBROOK, CA 92028
	<b><u>CERTIFIED NURSE</u></b>	 <i>Phone: (760) 723-6200</i>
	<b><u>PRACTITIONER</u></b>	 <i>After Hours Phone: (760) 723-6200</i>
	<b>EVERETT, ELIZABETH</b>	 <i>Website: www.vistacommunityclinic.org</i>
	<i>Provider ID: 624122</i>	<i>Medi-Cal Open Panel: Yes</i>
	<i>Provider Gender: Female</i>	<i>Min/Max Age: 0\None</i>
	<i>License Number: NP95025094</i>	<i>American Sign Language (ASL):</i>
	<i>NPI: 1942952767</i>	<i>N</i>
	 <i>Provider English Spoken: Y</i>	 <i>Accessibility: CONTACT PROVIDER</i>
	 <i>Provider Language(s)</i>	 <i>Hours: M 8AM-4PM TU 8AM-12:30PM W-TH 8AM-5PM</i>
	<i>Spoken: Sign Language</i>	
	<i>Cultural Competency: N</i>	
	<i>Board Certified Specialty: No</i>	
	<i>IHP OF SOUTHERN CAL-PHP</i>	
	 321 E ALVARADO ST FALLBROOK, CA 92028	
	 <i>Phone: (760) 723-6200</i>	
	 <i>After Hours Phone: (760) 723-6200</i>	
	 <i>Website: www.vistacommunityclinic.org</i>	
	<i>Medi-Cal Open Panel: Yes</i>	
<b><u>PODIATRIST</u></b>		
<b>NEGRON, RICARDO</b>		
<i>Provider ID: 206271</i>		
<i>Provider Gender: Male</i>		
<i>License Number: DPM5260</i>		
<i>NPI: 1932548393</i>		
 <i>Provider English Spoken: Y</i>		
 <i>Provider Language(s)</i>		
<i>Spoken: Spanish</i>		
<i>Cultural Competency: N</i>		
<i>Hospital Affiliation: Providence St Joseph Hospital</i>		

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## C. Directorio de atención primaria

<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>EVERETT, ELIZABETH</b>            Provider ID: 624122            Provider Gender: Female            License Number: NP95025094            NPI: 1942952767</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Sign Language            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 321 E ALVARADO ST            FALLBROOK, CA 92028   Phone: (760) 723-6200   After Hours Phone: (760) 723-6200   Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p> <p> Hours: M 8AM-4PM            TU 8AM-12:30PM            W-TH 8AM-5PM</p>	<p>NPI: 1245695006</p> <p> 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</p> <p> 321 E ALVARADO ST            FALLBROOK, CA 92028   Phone: (760) 723-6200   After Hours Phone: (760) 723-6200   Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>IHP OF SOUTHERN CAL-PHP</p> <p> 321 E ALVARADO ST            FALLBROOK, CA 92028   Phone: (760) 723-6200   After Hours Phone: (760) 723-6200   Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KELLEHER, BRIDGET</b>            Provider ID: 624122            Provider Gender: Female            License Number: NP95003447</p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KELLEHER, BRIDGET</b>            Provider ID: 624122            Provider Gender: Female            License Number: NP95003447            NPI: 1245695006</p> <p> 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</p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>KELLEHER, BRIDGET</b>            Provider ID: 624122            Provider Gender: Female            License Number: NP95003447            NPI: 1245695006</p> <p> 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</p> <p> 321 E ALVARADO ST            FALLBROOK, CA 92028   Phone: (760) 723-6200   After Hours Phone: (760) 723-6200   Website: <a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a>            Medi-Cal Open Panel: Yes</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):

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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-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](http://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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

IHP OF SOUTHERN CAL-PHP


 321 E ALVARADO ST  
FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760)  
723-6200  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-4PM  
TU 8AM-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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-4PM  
TU 8:30AM-12:30PM  
W-TH 8:30AM-4PM

### FQHC




**VISTA COMMUNITY CLINIC,**

Provider ID: 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





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-4PM  
 TU 8:30AM-12:30PM  
 W-TH 8:30AM-4PM

### FQHC

#### VISTA COMMUNITY CLINIC,

Provider ID: 624122  
 NPI: 1851300123  
 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760) 723-6200


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 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

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## C. Directorio de atención primaria

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


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## C. Directorio de atención primaria

IMPERIAL BEACH, CA  
91932  
 Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER








### PEDIATRICS

**DOKICH, SRETENKA**  
 Provider ID: 179678  
 Provider Gender: Female  
 License Number: A51447  
 NPI: 1154409035  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Serbian, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 949 PALM AVE  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER







### **JULIAN**

#### CLINIC OUTPATIENT






**SAN YSIDRO HEALTH JULIAN FAMILY MEDICINE,**  
 Provider ID: 664467  
 NPI: 1235804139  
 Provider English Spoken: Y  
 Cultural Competency: N  
 IHP OF SOUTHERN CAL-PHP  
 2721 WASHINGTON ST  
 JULIAN, CA 92036  
 Phone: (619) 662-4100  
 Fax: (619) 662-4196  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

#### FAMILY PRACTICE

**WYLIE, BLAKE**  
 Provider ID: 664467  
 Provider Gender: Male  
 License Number: 20A11088  
 NPI: 1922314145  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 2721 WASHINGTON ST  
 JULIAN, CA 92036  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): NPI: 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

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## C. Directorio de atención primaria

### 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 FOUNDTION

 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

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## C. Directorio de atención primaria

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 1  
 LA MESA, CA 91942

Phone: (619) 698-0606  
 Fax: (619) 332-5149

After Hours Phone: (619) 698-0606

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 9AM-5:30PM

### **FQHC**

**LA MESA PEDIATRICS,**

Provider ID: 480827

NPI: 1033759311

Provider English Spoken: Y  
 Cultural Competency: N

**BORREGO COMMUNITY HEALTH FOUNDTION**

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

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## C. Directorio de atención primaria

*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: 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

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
205

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)  
464-6434

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 7:30AM-6PM  
W-F 7:30AM-6:30PM

SA 8:30AM-5PM

### **PEDIATRICS**

#### **ALSHEIKH, HUDA**

Provider ID: 480827


Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: 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**

#### **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**

#### **GIANFORTUNE, RACHEL**


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.







## C. Directorio de atención primaria

Provider ID: 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  
 Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

### 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

Accessibility: CONTACT

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## C. Directorio de atención primaria

**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  
 Provider English Spoken: Y

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## C. Directorio de atención primaria



 *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: RN428876  
NPI: 1780603597*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO*

 7592 BROADWAY  
LEMON GROVE, CA 91945  
 *Phone: (619) 515-2550*  
 *After Hours Phone: (619)  
515-2550*



 *Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

#### CERTIFIED NURSE PRACTITIONER

#### **SMITH, SHARON**

*Provider ID: 419139  
Provider Gender: Female  
License Number: NP15444  
NPI: 1780603597*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### 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

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## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (619) 515-2550


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**


#### **LIPSCHITZ, LISA**

Provider ID: 419139

Provider Gender: Female

License Number: A72005

NPI: 1649208711

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 7592 BROADWAY LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **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

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 7592 BROADWAY LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**


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,


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

SHARP 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: 418302

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

OPERATION SAMAHAN

 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsa  
mahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### CERTIFIED NURSE

#### PRACTITIONER

#### **AQUINO, FELINO**

Provider ID: 417102

Provider Gender: Male


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## C. Directorio de atención primaria

License Number: NP22974

NPI: 1356684781


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426


 After Hours Phone: (844)  
200-2426


 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-6PM  
F 8AM-5PM

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### **CERTIFIED NURSE PRACTITIONER**


**DHARKAR-SURBER, SAPNA**


Provider ID: 185270

Provider Gender: Female

License Number: NP95013257

NPI: 1538707765

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Marathi, Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

Fax: (619) 434-7310

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED NURSE PRACTITIONER**


**LIM, IMELDA**


Provider ID: 417102

Provider Gender: Female

License Number: NP95000203

NPI: 1093130395


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426


 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-6PM  
F 8AM-5PM

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### **CERTIFIED NURSE PRACTITIONER**

**LIM, IMELDA**


Provider ID: 418302

Provider Gender: Female

License Number: NP95000203

NPI: 1093130395


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

 2101 GRANGER AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>LUM, YUIN-WAH</b>            Provider ID: 418930            Provider Gender: Female            License Number: NP95010663            NPI: 1942764477</p> <p> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No            FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p> 1000 EUCLID AVE            NATIONAL CITY, CA 91950   Phone: (619) 515-2399   After Hours Phone: (619) 515-2399   Website: www.fhcsd.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR            Board Certified Specialty: No            LA MAESTRA FAMILY CLINIC</p> <p> 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</p>	<p>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</p>
<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>NEVAREZ, IRENE</b>            Provider ID: 185270            Provider Gender: Female            License Number: NP95009891            NPI: 1003166646</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>OCHOA, ERLINDA</b>            Provider ID: 185270            Provider Gender: Female            License Number: NP4430            NPI: 1346437464</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No            LA MAESTRA FAMILY CLINIC</p> <p> 217 HIGHLAND AVE            NATIONAL CITY, CA 91950   Phone: (619) 434-7308   After Hours Phone: (619) 434-7308</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b></p> <p><b>REAL, MARIA</b>            Provider ID: 185270            Provider Gender: Female            License Number: NP17328            NPI: 1548450471</p> <p> 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</p> <p> 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</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

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### **CERTIFIED NURSE** **PRACTITIONER**

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**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

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### **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):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

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### **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):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

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### **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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5:30PM</p>	<p>NPI: 1316310840   Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No</p>	<p>515-2399   Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>
<b>CHIROPRACTOR</b>		
<p><b>HOURIHAN, KEITH</b>            Provider ID: 185270            Provider Gender: Male            License Number: DC29314            NPI: 1306916994</p>		
<p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No</p>	<p> 2400 E 8TH ST STE A            NATIONAL CITY, CA 91950   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://syhealth.org/clinics/paradise-hills-family-clinic">syhealth.org/clinics/paradise-hills-family-clinic</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>	<p>N   Accessibility: CONTACT PROVIDER</p>
<b>FAMILY PRACTICE</b>		
<p><b>LA MAESTRA FAMILY CLINIC</b>   217 HIGHLAND AVE            NATIONAL CITY, CA 91950   Phone: (619) 434-7308   After Hours Phone: (619) 434-7308   Website: <a href="http://www.lamaestra.org">www.lamaestra.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>		
<p>N   Accessibility: CONTACT PROVIDER   Hours: TH 8AM-2PM</p>	<p>N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM</p>	<p><b>BAEZ, BEATRICE</b>            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</p>
<b>FAMILY PRACTICE</b>		
<p><b>OPERATION SAMAHAN</b>   2743 HIGHLAND AVE            NATIONAL CITY, CA 91950   Phone: (844) 200-2426   After Hours Phone: (844) 200-2426   Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):</p>		
<p><b>ALGHAMDI, ASMA</b>            Provider ID: 227418            Provider Gender: Female            License Number: A167529</p>	<p><b>ANDAYA, MIKHAEL</b>            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</p>	<p>N   Accessibility: CONTACT PROVIDER   Hours: M-TU 8:30AM-5:30PM            W 10AM-7PM            TH-F 8:30AM-5:30PM</p>
<b>FAMILY PRACTICE</b>		
<p><b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>   1000 EUCLID AVE            NATIONAL CITY, CA 91950   Phone: (619) 515-2399   After Hours Phone: (619)</p>		

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>CAMPBELL, BRIANNA</b>            Provider ID: 227418            Provider Gender: Female            License Number: A157488            NPI: 1316479892</p> <p> 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</p> <p> 2400 E 8TH ST STE A            NATIONAL CITY, CA 91950   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://syhealth.org/clinics/paradise-hills-family-clinic">syhealth.org/clinics/paradise-hills-family-clinic</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p> Provider Language(s) Spoken: Tagalog            Cultural Competency: N            Hospital Affiliation: PARADISE VALLEY HOSPITAL            Board Certified Specialty: No            OPERATION SAMAHAN</p> <p> 2743 HIGHLAND AVE            NATIONAL CITY, CA 91950   Phone: (844) 200-2426   After Hours Phone: (844) 200-2426   Website: <a href="http://www.operationsamahan.org">www.operationsamahan.org</a></p> <p>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</p>	<p>NATIONAL CITY, CA 91950   Phone: (619) 662-4100   After Hours Phone: (619) 662-4100   Website: <a href="http://syhealth.org/clinics/national-city-family-clinic-1">syhealth.org/clinics/national-city-family-clinic-1</a></p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>
<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>CANLAS, AVELINO</b>            Provider ID: 417102            Provider Gender: Male            License Number: A74854            NPI: 1275682528</p> <p> Provider English Spoken: Y</p>	<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>CARRIEDO-CENICEROS, MARIA</b>            Provider ID: 227412            Provider Gender: Female            License Number: A78373            NPI: 1295746618</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 1136 D AVE</p>	<p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <p><b>CEVALLOS, JAMES</b>            Provider ID: 227412            Provider Gender: Male            License Number: A55469            NPI: 1720181829</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 1136 D AVE            NATIONAL CITY, CA 91950   Phone: (619) 662-4100            Fax: (619) 474-3722   After Hours Phone: (619) 662-4100   Website: <a href="http://syhealth.org/clinics/national-city-family-clinic-1">syhealth.org/clinics/national-city-family-clinic-1</a></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **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/clinic/s/national-city-family-clinic-1](http://syhealth.org/clinic/s/national-city-family-clinic-1)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

### **FAMILY PRACTICE**


**LAW, KAREN**

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/clinic/s/paradise-hills-family-clinic](http://syhealth.org/clinic/s/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

**LEUTE, ERIC**

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### CHULA VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**


### MEDINA, ALEXANDER

Provider ID: 361428

Provider Gender: Male

License Number: A133539

NPI: 1467714436

 Provider English Spoken: Y



 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 330 E 8TH ST  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**


### MOHAMEDI, NADIA

Provider ID: 227418

Provider Gender: Female

License Number: A146819




NPI: 1477947364


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100


 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

#### **FAMILY PRACTICE**

### NAVARRO, 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](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### **FAMILY PRACTICE**

### NIKZAD, JASON

Provider ID: 361428



Provider Gender: Male

License Number: 20A12653

NPI: 1508121674

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: 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/clinics/national-city-family-clinic-1*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **FAMILY PRACTICE**


#### **OCEGUEDA, JOSHUA**

*Provider ID: 227412*

*Provider Gender: Male*

*License Number: A165184*

*NPI: 1336643345*

 *Provider English Spoken: Y*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MEMORIAL HOSPITAL*


*Board Certified Specialty: No*


*IHP OF SOUTHERN CAL-PHP*

 1136 D AVE

NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinics/national-city-family-clinic-1*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### **FAMILY PRACTICE**

#### **RICHARDSON, DANIELLE**


*Provider ID: 227418*

*Provider Gender: Female*

*License Number: A127555*

*NPI: 1609142892*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: French, Portuguese, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL*


*ENCINITAS*


*Board Certified Specialty: No*


*IHP OF SOUTHERN CAL-PHP*

 2400 E 8TH ST STE A

NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: syhealth.org/clinics/paradise-hills-family-clinic*

*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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

License Number: 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](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**


#### **SCHUMAKER, EDWARD**

Provider ID: 185270

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **SNOOK, BRIAN**

Provider ID: 227418

Provider Gender: Male

License Number: 20A11518

NPI: 1295977353


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2806

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **STONES, RACHEL**

Provider ID: 185270

Provider Gender: Female

License Number: A167184

NPI: 1720583040


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 280-4213

 After Hours Phone: (619)  
280-4213

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: TH 8AM-2PM

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

Provider ID: 227418



Provider Gender: Female

License Number: A71304

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NPI: 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](http://syhealth.org/clinic/s/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

---

### FQHC

**FAMILY HEALTH CTR SD  
 NATIONAL CITY,**


Provider ID: 418930

NPI: 1417409228

 Provider English Spoken: Y  
 Cultural Competency: N


FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 1000 EUCLID AVE  
 NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

Fax: (619) 269-0053

 After Hours Phone: (619)  
 515-2399

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 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

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### FQHC

**LA MAESTRA FAMILY CLINIC  
 INC,**


Provider ID: 185270

NPI: 1336353721

 Provider English Spoken: Y  
 Cultural Competency: N

LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

Fax: (619) 434-7310

 After Hours Phone: (619)  
 434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: TH 8AM-2PM

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### FQHC

**OPERATION SAMAHAN -  
 NATIONAL C,**


Provider ID: 417102

NPI: 1801907449


 Provider English Spoken: Y  
 Cultural Competency: N


OPERATION SAMAHAN

 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

Fax: (619) 474-3919

 After Hours Phone: (844)  
 200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-TH 8AM-6PM  
 F 8AM-5PM


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### FQHC

**OPERATION SAMAHAN  
 GRANGER SCHOOL BASED,**

Provider ID: 418302

NPI: 1205134517


 Provider English Spoken: Y  
 Cultural Competency: N

OPERATION SAMAHAN

 2101 GRANGER AVE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 Fax: (619) 434-8999  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### FQHC

#### SAN YSIDRO HEALTH

NATIONAL CITY,


Provider ID: 227412

NPI: 1003869363

 Provider English Spoken: Y  
 Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 1136 D AVE  
 NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 474-3722


 After Hours Phone: (619) 662-4100


 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FQHC

#### SAN YSIDRO HEALTH

PARADISE HILLS,


Provider ID: 227418

NPI: 1598907487


 Provider English Spoken: Y  
 Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

 2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619) 662-4100


 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FQHC

#### SAN YSIDRO HEALTH SOUTH

BAY,


Provider ID: 361428

NPI: 1851757215


 Provider English Spoken: Y  
 Cultural Competency: N

IHP OF SOUTHERN CAL-PHP

 330 E 8TH ST  
 NATIONAL CITY, CA 91950

 Phone: (619) 662-4100  
 Fax: (619) 434-3514

 After Hours Phone: (619) 662-4100


 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### HEPATOLOGY

#### GISH, ROBERT

Provider ID: 185270

Provider Gender: Male

License Number: G45632

NPI: 1548281322

 Provider English Spoken: Y


 Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese


Cultural Competency: N


Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619) 434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

**PROVIDER**  
 Hours: M-F 8AM-5:30PM


### 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](http://www.syhealth.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE

#### **LAMANTIA, MICHELE**

Provider ID: 227412

Provider Gender: Female

License Number: G71855

NPI: 1124176102


 Provider English Spoken: Y


 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 1136 D AVE  
 NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
 662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<i>PROVIDER</i>	<i>Provider ID: 185270</i>	<i>Global Medical Center, Menifee</i>
<hr/>	<i>Provider Gender: Male</i>	<i>Global Medical Center,</i>
<b>INTERNAL MEDICINE</b>	<i>License Number: A41375</i>	<i>SCRIPPS MERCY HOSPITAL</i>
<b>ROUEL, WADI</b>	<i>NPI: 1447389101</i>	<i>CHULA VISTA, SCRIPPS</i>
<i>Provider ID: 185270</i>	<i>Provider English Spoken: Y</i>	<i>MERCY HOSPITAL</i>
<i>Provider Gender: Male</i>	<i>Provider Language(s)</i>	<i>Board Certified Specialty: No</i>
<i>License Number: C55979</i>	<i>Spoken: Spanish</i>	<i>IHP OF SOUTHERN CAL-PHP</i>
<i>NPI: 1740254713</i>	<i>Cultural Competency: N</i>	<i>2400 E 8TH ST STE A</i>
<i>Provider English Spoken: Y</i>	<i>Hospital Affiliation: SHARP</i>	<i>NATIONAL CITY, CA 91950</i>
<i>Provider Language(s)</i>	<i>CHULA VISTA MED CTR</i>	<i>Phone: (619) 662-4100</i>
<i>Spoken: Arabic, Assyrian,</i>	<i>Board Certified Specialty: No</i>	<i>After Hours Phone: (619)</i>
<i>Spanish, Syriac</i>	<i>LA MAESTRA FAMILY CLINIC</i>	<i>662-4100</i>
<i>Cultural Competency: N</i>	<i>217 HIGHLAND AVE</i>	<i>Website: syhealth.org/clinic</i>
<i>Hospital Affiliation: SHARP</i>	<i>NATIONAL CITY, CA 91950</i>	<i>s/paradise-hills-family-clinic</i>
<i>MEMORIAL HOSPITAL,</i>	<i>Phone: (619) 798-3977</i>	<i>Medi-Cal Open Panel: Yes</i>
<i>SCRIPPS MEMORIAL</i>	<i>After Hours Phone: (619)</i>	<i>Min/Max Age: 0\None</i>
<i>HOSPITAL, GROSSMONT</i>	<i>798-3977</i>	<i>American Sign Language (ASL):</i>
<i>HOSPITAL</i>	<i>Website: www.lamaestra.org</i>	<i>N</i>
<i>Board Certified Specialty: No</i>	<i>Medi-Cal Open Panel: Yes</i>	<i>Accessibility: CONTACT</i>
<i>LA MAESTRA FAMILY CLINIC</i>	<i>Min/Max Age: 0\None</i>	<i>PROVIDER</i>
<i>217 HIGHLAND AVE</i>	<i>American Sign Language (ASL):</i>	<hr/>
<i>NATIONAL CITY, CA 91950</i>	<i>N</i>	<b>PEDIATRICS</b>
<i>Phone: (619) 434-7308</i>	<i>Accessibility: CONTACT</i>	<b>BAILONY, MOHAMMED</b>
<i>After Hours Phone: (619)</i>	<i>PROVIDER</i>	<i>Provider ID: 30132</i>
<i>434-7308</i>	<hr/>	<i>Provider Gender: Male</i>
<i>Website: www.lamaestra.org</i>	<b>OBSTETRICS / GYNECOLOGY</b>	<i>NPI: 1376625913</i>
<i>g</i>	<b>ASLIAN, AZITA</b>	<i>Provider English Spoken: Y</i>
<i>Medi-Cal Open Panel: Yes</i>	<i>Provider ID: 227418</i>	<i>Provider Language(s)</i>
<i>Min/Max Age: 0\None</i>	<i>Provider Gender: Female</i>	<i>Spoken: Arabic</i>
<i>American Sign Language (ASL):</i>	<i>License Number: A118227</i>	<i>Cultural Competency: N</i>
<i>N</i>	<i>NPI: 1851667661</i>	<i>Hospital Affiliation: SHARP</i>
<i>Accessibility: CONTACT</i>	<i>Provider English Spoken: Y</i>	<i>MARY BIRCH HOSP FOR</i>
<i>PROVIDER</i>	<i>Provider Language(s)</i>	<i>WOMEN AND NEWBORNS,</i>
<i>Hours: M-F 8AM-5:30PM</i>	<i>Spoken: Faroese, Fataleka</i>	<i>PARADISE VALLEY HOSPITAL,</i>
<hr/>	<i>Cultural Competency: N</i>	<i>SHARP CHULA VISTA MED</i>
<b>NEUROLOGY</b>	<i>Hospital Affiliation: Hemet</i>	<i>CTR, RADY CHILDRENS</i>
<b>CANTU-REYNA, GUILLERMO</b>		

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

### **PEDIATRICS**

#### **BAILONY, AHMAD**

Provider ID: 146949

Provider Gender: Male

NPI: 1790914422

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
PARADISE VALLEY HOSPITAL,  
SHARP CHULA VISTA MED  
CTR, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

655 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Phone: (619) 470-1945

Fax: (619) 475-5048

After Hours Phone: (619)  
470-1945

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

### **PEDIATRICS**

#### **BARBADILLO, TERESITA**

Provider ID: 84258

Provider Gender: Female

NPI: 1952416695

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

655 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950

Phone: (619) 267-8601

Fax: (619) 267-2242

After Hours Phone: (619)

267-8601

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

### **PEDIATRICS**

#### **BONSU, BEMA**

Provider ID: 227412

Provider Gender: Male

License Number: C55180

NPI: 1932106986

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/national- city- family- cli  
nic- 1

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

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### **PEDIATRICS**

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#### **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*

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### **PEDIATRICS**

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#### **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*

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### **PEDIATRICS**

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#### **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*

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### **PEDIATRICS**

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#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: 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/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


### PEDIATRICS


#### **UY, CARMELITA**

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):

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

VISTA, 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](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM

### PHYSICIANS ASSISTANT

**BANGS, SASHA**

Provider ID: 418930

Provider Gender: Female

License Number: PA55660

NPI: 1720524374

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1000 EUCLID AVE  
NATIONAL CITY, CA 91950

Phone: (619) 515-2399

After Hours Phone: (619)  
515-2399

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

**MARTINEZ-MURGUIA, IRENE**

Provider ID: 185270

Provider Gender: Female

License Number: PA20296

NPI: 1447492889

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (619) 434-7308

After Hours Phone: (619)  
434-7308

Website: [www.lamaestra.org](http://www.lamaestra.org)

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)  
 434-7308  
 Website: [www.lamaestra.org](http://www.lamaestra.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5:30PM

### 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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

#### CERTIFIED NURSE PRACTITIONER

#### **BAEK, KILHYO**

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571


NPI: 1053776914


Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
 OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

#### CERTIFIED NURSE

#### PRACTITIONER

#### **BAEK, KILHYO**

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571

NPI: 1053776914


Provider English Spoken: Y


Provider Language(s)  
 Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
 OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

#### CERTIFIED NURSE PRACTITIONER

#### **BINETTE, DONYA**

Provider ID: 480247

Provider Gender: Female

License Number: NP95001653

NPI: 1427325166

Provider English Spoken: Y

Provider Language(s)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 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

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## C. Directorio de atención primaria


 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **CHRISTY, TYLER**

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](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **CHRISTY, TYLER**

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](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **CHRISTY, TYLER**

Provider ID: 206341

Provider Gender: Male


License Number: NP95025871


NPI: 1689094971

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Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### **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)




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria








631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 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](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM







### 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  
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 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM






### 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](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM

### 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](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None


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## C. Directorio de atención primaria

American Sign Language (ASL): Provider ID: 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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

**CERTIFIED NURSE  
PRACTITIONER**



---

**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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

**CERTIFIED NURSE  
PRACTITIONER**

---



**EVERETT, ELIZABETH**

Provider ID: 206341

Provider Gender: Female

License Number: NP95025094


NPI: 1942952767


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Sign Language


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

**CERTIFIED NURSE  
PRACTITIONER**

---

**EVERETT, ELIZABETH**

Provider ID: 206341

Provider Gender: Female

License Number: NP95025094

NPI: 1942952767


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Sign Language


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER


**HALGEDAHL, YI TING**

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER


**HALGEDAHL, YI TING**

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER


**HALGEDAHL, YI TING**

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, Mandarin


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### 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)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria







631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 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.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### **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.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM





### **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.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**HARRIS, PAMELA**

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.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

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**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.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**HOWELL, AMANDA**

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.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

**HOWELL, AMANDA**

Provider ID: 206341

Provider Gender: Female


License Number: NP95020894


NPI: 1427797943


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
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OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM SA 9AM-4PM</i></p>	<p><i>Provider Gender: Female</i>  <i>License Number: NP95003447</i>  <i>NPI: 1245695006</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i></p>	<p> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: TRI CITY MEDICAL CTR</i>  <i>Board Certified Specialty: No</i></p>
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>HOWELL, AMANDA</b>  <i>Provider ID: 206341</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95020894</i>  <i>NPI: 1427797943</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   4700 N RIVER RD            OCEANSIDE, CA 92057   <i>Phone: (760) 631-5000</i>   <i>After Hours Phone: (760) 631-5000</i>   <i>Website: www.vistacommunityclinic.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N</p>	<p><i>Hospital Affiliation: TRI CITY MEDICAL CTR</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   818 PIER VIEW WAY            OCEANSIDE, CA 92054   <i>Phone: (760) 631-5000</i>   <i>After Hours Phone: (760) 631-5000</i>   <i>Website: www.vistacommunityclinic.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-TU 8AM-5PM W 8AM-7PM TH-F 8AM-5PM SA 9AM-4PM</i></p>	<p> 818 PIER VIEW WAY            OCEANSIDE, CA 92054   <i>Phone: (760) 631-5000</i>   <i>After Hours Phone: (760) 631-5000</i>   <i>Website: www.vistacommunityclinic.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-TU 8AM-5PM W 8AM-7PM TH-F 8AM-5PM SA 9AM-4PM</i></p>
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>KELLEHER, BRIDGET</b>  <i>Provider ID: 402434</i></p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b>  <b>KELLEHER, BRIDGET</b>  <i>Provider ID: 402434</i>  <i>Provider Gender: Female</i>  <i>License Number: NP95003447</i>  <i>NPI: 1245695006</i>   <i>Provider English Spoken: Y</i></p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b>  <b>TAYLOR, CHRISTOPHER</b>  <i>Provider ID: 206341</i>  <i>Provider Gender: Male</i>  <i>License Number: NP95020584</i>  <i>NPI: 1851747166</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   4700 N RIVER RD</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria


OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

### 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](http://www.vistacommu-nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER  
 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

### 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](http://www.vistacommu-nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

### 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](http://www.vistacommu-nityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

---

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

MEMORIAL HOSPITAL  
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](http://www.vistacommu<br/>nityclinic.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**

**ESPINOSA-SILVA, YAMINAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A12958

NPI: 1003172016

 Provider English Spoken: Y




 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL  
ENCINITAS, TRI CITY MEDICAL  
CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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 Website: [www.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**


**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.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**


**FATLAND, SARAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A18374


NPI: 1831354026

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

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nityclinic.org](http://www.vistacommu<br/>nityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**

**FATLAND, SARAH**

Provider ID: 206341

Provider Gender: Female

License Number: 20A18374

NPI: 1831354026

 Provider English Spoken: Y

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## C. Directorio de atención primaria


Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**



#### **KETCHEL, CLINT**

Provider ID: 206341

Provider Gender: Male

License Number: A135564

NPI: 1699038125

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic, Spanish,  
Syriac




Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
TRI CITY MEDICAL CTR,

WHITTIER HOSPITAL MEDICAL  
CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**



#### **KETCHEL, CLINT**

Provider ID: 206341

Provider Gender: Male

License Number: A135564

NPI: 1699038125

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic, Spanish,  
Syriac




Cultural Competency: N


Hospital Affiliation:

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,

TRI CITY MEDICAL CTR,  
WHITTIER HOSPITAL MEDICAL  
CENTER

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
631-5000


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### **FAMILY PRACTICE**



#### **KETCHEL, CLINT**

Provider ID: 206341

Provider Gender: Male

License Number: A135564

NPI: 1699038125

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Chaldean  
Neo-Aramaic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE


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## C. Directorio de atención primaria

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.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM  
SA 9AM-4PM

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.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N


 Accessibility: CONTACT  
PROVIDER


 Hours: M-F 8AM-5PM


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.vistacommu  
nityclinic.org](http://www.vistacommu<br/>nityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.







## C. Directorio de atención primaria








OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### **FAMILY PRACTICE**


#### **MILLER, DIANA**





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](http://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](http://www.vistacommunityclinic.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

### **FAMILY PRACTICE**

#### **NGUYEN, DANIELA**

Provider ID: 206341  
 Provider Gender: Female  
 License Number: 20A21066  
 NPI: 1891069662  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

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 OCEANSIDE, CA 92057  
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 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM






### **FAMILY PRACTICE**

#### **NGUYEN, DANIELA**

Provider ID: 206341  
 Provider Gender: Female



### **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  
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## C. Directorio de atención primaria


nityclinic.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 9AM-4PM






### **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

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 After Hours Phone: (760)  
 631-5000  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER



### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.









## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 9AM-4PM*

### **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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*IHP OF SOUTHERN CAL-PHP*

 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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): Provider ID: 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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8AM-5PM  
W 8AM-7PM  
TH-F 8AM-5PM  
SA 9AM-4PM


### 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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### 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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Phone: (760) 631-5000  
After Hours Phone: (760) 631-5000  
Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM  
SA 9AM-4PM

### PEDIATRICS

**CALHOUN, CHANELLE**

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

*PROVIDER*  
 Hours: M-F 8AM-5PM



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### **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](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

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### **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](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM


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### **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

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### **PEDIATRICS**

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#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (760) 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### MCCAMMACK, BRADLEY

Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

Provider English Spoken: Y


Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 4700 N RIVER RD OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3731


 After Hours Phone: (760) 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### MILLER, DONALD

Provider ID: 433589

Provider Gender: Male

NPI: 1154356582

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS


MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO,


PALOMAR MEDICAL CENTER, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 3605 VISTA WAY BLDG B STE 130

OCEANSIDE, CA 92056

 Phone: (760) 547-1010


 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.










## C. Directorio de atención primaria

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 9AM-4PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, 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*

 15525 POMERADO RD STE B1

POWAY, CA 92064

 Phone: (858) 487-8333

Fax: (858) 487-0856

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

📞 After Hours Phone: (858)  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### INTERNAL MEDICINE

#### 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](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### REIFENBERGER, JODY

Provider ID: 449438

Provider Gender: Female

License Number: PA22669


NPI: 1386741072


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### ZANGEN, ROCHELLE

Provider ID: 449438

Provider Gender: Female

License Number: PA51494


NPI: 1447681150


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 220 ROTANZI ST  
RAMONA, CA 92065

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

### PROVIDER

#### SAN DIEGO

### CARDIOVASCULAR DISEASE

#### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### CERTIFIED NURSE

#### PRACTITIONER

#### AQUINO, FELINO

Provider ID: 432308


Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: NP22974

NPI: 1356684781

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No

OPERATION SAMAHAN

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426


 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

#### **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.operationsamahan.org](http://www.operationsamahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM

TH-F 8:30AM-5:30PM

---

### **CERTIFIED NURSE** **PRACTITIONER**

#### **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

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### **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.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4:30PM

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### **CERTIFIED NURSE** **PRACTITIONER**

#### **BELEN, NEZER**

Provider ID: 206363


Provider Gender: Male

License Number: NP95009292


NPI: 1386120723


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### CERTIFIED NURSE PRACTITIONER

---

#### **BESTERFELDT, LYDIA**

Provider ID: 482070

Provider Gender: Female


License Number: NP95013060


NPI: 1265929442

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

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### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### CERTIFIED NURSE PRACTITIONER

---

#### **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](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM

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### CERTIFIED NURSE PRACTITIONER

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#### **CHASE, AVA**

Provider ID: 206360

Provider Gender: Female

License Number: NP95000602

NPI: 1164496386

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### 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](http://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

Provider Gender: Female  
License Number: NP95013257  
NPI: 1538707765

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Marathi, Spanish  
Cultural Competency: N

### 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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:30PM

### CERTIFIED NURSE PRACTITIONER

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 255-9155  
After Hours Phone: (619)  
255-9155

Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER

#### **GALLEGOS, CYNTHIA**

Provider ID: 206360

Provider Gender: Female

License Number: NP95016217

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

**HA, THU**

Provider ID: 482070

Provider Gender: Female

License Number: NP95010517

NPI: 1346443983

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

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](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER

**HART, BECKY**

Provider ID: 403583

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **HILLIARD, THESALONICA**


Provider ID: 417101

Provider Gender: Female

License Number: NP95010585

NPI: 1861956724

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog


Cultural Competency: N


Board Certified Specialty: No


OPERATION SAMAHAN

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844) 200-2426


 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

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### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **HOANG, CHI**

Provider ID: 482070

Provider Gender: Female

License Number: NP95004600


NPI: 1902350994


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858) 810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **HOGAN, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-5:30PM  
F 8AM-5PM

---

### CERTIFIED NURSE PRACTITIONER

---


#### **HOGAN, ROSELYNN JOY**

Provider ID: 206360

Provider Gender: Female

License Number: NP17852

NPI: 1205019510


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish, Thai


Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### 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

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER


#### **INSTONE, SUSAN**

Provider ID: 233532

Provider Gender: Female

License Number: NP4858

NPI: 1710223268

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)  
280-2058

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER


#### **JOHNSON, SHAWNA AKIKO**

Provider ID: 233597

Provider Gender: Female

License Number: NP95002518

NPI: 1922237809

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE

### PRACTITIONER

#### **KEMP, KATHRINE**

Provider ID: 403583

Provider Gender: Female

License Number: NP95018497

NPI: 1316615313

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

#### **KHAN, MATTHEW**

Provider ID: 417987

Provider Gender: Male

License Number: NP17838

NPI: 1942456124

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



### SAN DIEGO

 4874 POLK AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619)  
515-2426  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

#### CERTIFIED NURSE PRACTITIONER

### KI, TRISH



Provider ID: 206046  
Provider Gender: Female  
License Number: NP23847  
NPI: 1376840199

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

#### CERTIFIED NURSE PRACTITIONER

### KI, TRISH



Provider ID: 206046  
Provider Gender: Female  
License Number: NP23847  
NPI: 1376840199

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):



N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-5:30PM

#### CERTIFIED NURSE PRACTITIONER



### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

#### CERTIFIED NURSE PRACTITIONER

### LENNON, RYAN




Provider ID: 624977  
Provider Gender: Female  
License Number: NP95027593  
NPI: 1558084855


 Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 2204 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2355  
 After Hours Phone: (619)  
515-2355

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### CERTIFIED NURSE PRACTITIONER


#### LIEBER, CAROL

Provider ID: 517403  
Provider Gender: Female  
License Number: NP20849  
NPI: 1487889846

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER




 Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM


### CERTIFIED NURSE PRACTITIONER

#### LU, TAMMY

Provider ID: 206360  
Provider Gender: Female  
License Number: NP95007253  
NPI: 1457879132

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria


IHP OF SOUTHERN CAL-PHP


 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 After Hours Phone: (619) 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: 233532

Provider Gender: Female

License Number: NP19505

NPI: 1386971760

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058


 After Hours Phone: (619) 280-2058


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER

#### NOCEDA, ANA

Provider ID: 482070


Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: NP19505

NPI: 1386971760

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700


 After Hours Phone: (858)  
810-8700


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### **CERTIFIED NURSE PRACTITIONER**

**OCAMPO, ELAINE**


Provider ID: 482070

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)  
810-8700

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**


**OCAMPO, ELAINE**


Provider ID: 206046

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)

279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **CERTIFIED NURSE PRACTITIONER**

**OCAMPO, ELAINE**


Provider ID: 206046

Provider Gender: Female

License Number: NP95003427

NPI: 1063856805


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Mandarin, Yue  
Chinese


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### CERTIFIED NURSE PRACTITIONER

#### ODA, THAGHAR

Provider ID: 206360

Provider Gender: Female

License Number: RN810863

NPI: 1063835692

Provider English Spoken: Y


Provider Language(s)  
Spoken: Amharic, Arabic


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### ODA, THAGHAR

Provider ID: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### ODA, THAGHAR

Provider ID: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### ORPILLA, IMELDA

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria


Provider ID: 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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-4:30PM

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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **ORPILLA, IMELDA**



Provider ID: 418535  
 Provider Gender: Female  
 License Number: NP95003211  
 NPI: 1790785988


Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No  
 OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN  
 RD STE B10 AND B11  
 SAN DIEGO, CA 92129

 Phone: (844) 200-2426  
 After Hours Phone: (844)  
 200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **OWEN, MICHAEL**



Provider ID: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-TH  
 8:30AM-5:30PM  
 F 8AM-5PM

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### **CERTIFIED NURSE**

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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<b>PRACTITIONER</b>			
<b>OWEN, MICHAEL</b>		<i>Cultural Competency: N</i>	<i>American Sign Language (ASL): N</i>
<i>Provider ID: 206362</i>		<i>Board Certified Specialty: No</i>	<i>Accessibility: CONTACT PROVIDER</i>
<i>Provider Gender: Female</i>		<i>IHP OF SOUTHERN CAL-PHP</i>	<i>Hours: M-W</i>
<i>License Number: NP95001492</i>		1501 IMPERIAL AVE	<i>8:30AM-5:30PM</i>
<i>NPI: 1073869145</i>		SAN DIEGO, CA 92101	<i>TH 9AM-6PM</i>
<i>Provider English Spoken: Y</i>	<i>Phone: (619) 233-8500</i>	<i>After Hours Phone: (619) 233-8500</i>	<i>F 8:30AM-5:30PM</i>
<i>Provider Language(s) Spoken: Spanish</i>	<i>Website: N/A</i>	<i>Medi-Cal Open Panel: Yes</i>	
<i>Cultural Competency: N</i>	<i>Min/Max Age: 0\None</i>	<i>American Sign Language (ASL): N</i>	
<i>Board Certified Specialty: No</i>		<i>Accessibility: CONTACT PROVIDER</i>	
<b>FAMILY HEALTH CENTERS OF SAN DIEGO</b>		<i>Hours: M-F 8AM-5:30PM</i>	
3544 30TH ST			
SAN DIEGO, CA 92104			
<i>Phone: (619) 515-2424</i>			
<i>After Hours Phone: (619) 515-2424</i>			
<i>Website: www.fhcsd.org</i>			
<i>Medi-Cal Open Panel: Yes</i>			
<i>Min/Max Age: 0\None</i>			
<i>American Sign Language (ASL): N</i>			
<i>Accessibility: CONTACT PROVIDER</i>			
<i>Hours: M-TH</i>			
<i>8:30AM-5:30PM</i>			
<i>F 8AM-5PM</i>			
<b>CERTIFIED NURSE PRACTITIONER</b>			
<b>PADILLA, MICHELE</b>		<b>CERTIFIED NURSE PRACTITIONER</b>	
<i>Provider ID: 403583</i>		<b>PATEL, KELLY</b>	
<i>Provider Gender: Female</i>		<i>Provider ID: 402851</i>	
<i>License Number: NP95020636</i>		<i>Provider Gender: Female</i>	
<i>NPI: 1356083828</i>		<i>License Number: NP95004735</i>	
<i>Provider English Spoken: Y</i>	<i>Provider English Spoken: Y</i>	<i>NPI: 1033493747</i>	
	<i>Cultural Competency: N</i>	<i>Provider English Spoken: Y</i>	
	<i>Board Certified Specialty: No</i>	<i>Cultural Competency: N</i>	
	<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>	<i>Board Certified Specialty: No</i>	
	3705 MISSION BLVD	<i>FAMILY HEALTH CENTERS OF SAN DIEGO</i>	
	SAN DIEGO, CA 92109	6973 LINDA VISTA RD	
	<i>Phone: (619) 515-2444</i>	SAN DIEGO, CA 92111	
	<i>After Hours Phone: (619) 515-2444</i>	<i>Phone: (858) 279-0925</i>	
	<i>Website: www.fhcsd.org</i>	<i>After Hours Phone: (858) 279-0925</i>	
	<i>Medi-Cal Open Panel: Yes</i>	<i>Website: www.sdfamilycare.org</i>	
	<i>Min/Max Age: 0\None</i>	<i>Medi-Cal Open Panel: Yes</i>	
		<i>Min/Max Age: 0\None</i>	
		<i>American Sign Language (ASL): N</i>	
		<i>Accessibility: CONTACT PROVIDER</i>	
		<i>Hours: M-F</i>	
		<i>8:30AM-5:30PM</i>	

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER


#### **PATIAG, DANIEL**


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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### CERTIFIED NURSE PRACTITIONER

#### **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](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
Indian Health Services: Y

### CERTIFIED NURSE PRACTITIONER

#### **QUINTO, CINDY**


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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### 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](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

### CERTIFIED NURSE PRACTITIONER


#### REID, EMILY

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](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

American Sign Language (ASL): SA 9AM-1PM

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM

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### **CERTIFIED NURSE PRACTITIONER**

---


#### **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](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM

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### **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](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
Indian Health Services: Y

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER

 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
 TU 8AM-8PM  
 W-F 8AM-5PM  
 SA 9AM-1PM


### CERTIFIED NURSE PRACTITIONER


#### **SANTANGELO, JOANNE**

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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER



 Hours: M 8AM-5PM  
 TU 8AM-8PM  
 W-F 8AM-5PM  
 SA 9AM-1PM

### CERTIFIED NURSE PRACTITIONER

#### **SATTERWHITE, MAURINE**

Provider ID: 206046


Provider Gender: Female  
 License Number: NP7022  
 NPI: 1225012842


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
 279-0925


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N



 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM  
 TU 8AM-8PM  
 W-F 8AM-5PM  
 SA 9AM-1PM

### CERTIFIED NURSE PRACTITIONER

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-5PM  
TU 8AM-8PM  
W-F 8AM-5PM  
SA 9AM-1PM

### **CERTIFIED NURSE PRACTITIONER**

**SATTERWHITE, MAURINE**

Provider ID: 482070

Provider Gender: Female

License Number: NP7022

NPI: 1225012842

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### **CERTIFIED NURSE PRACTITIONER**

**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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-9PM

F 8AM-5PM

### **CERTIFIED NURSE PRACTITIONER**

**SCOTT, KELLY**

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](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
Indian Health Services: Y

### **CERTIFIED NURSE PRACTITIONER**

**SEBRING, JAN**

Provider ID: 206360

Provider Gender: Female

License Number: NP10906

NPI: 1295750339

Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes


Min/Max Age: 0\None  
American Sign Language (ASL):  
N





 Accessibility: CONTACT  
PROVIDER


### CERTIFIED NURSE PRACTITIONER

#### **SEBRING, JAN**

Provider ID: 206360  
Provider Gender: Female  
License Number: RN486421  
NPI: 1295750339

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### CERTIFIED NURSE PRACTITIONER

#### **TAYLOR, KAYLA**

Provider ID: 206362  
Provider Gender: Female  
License Number: NP95006792  
NPI: 1730604414

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER


### CERTIFIED NURSE PRACTITIONER

#### **TAYLOR, KAYLA**

Provider ID: 206362  
Provider Gender: Female  
License Number: NP95006792  
NPI: 1730604414

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

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### **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

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### **CERTIFIED NURSE** **PRACTITIONER**

---



**TRAN, KELLY**

Provider ID: 206360

Provider Gender: Female

License Number: NP95003689


NPI: 1255799276


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED NURSE** **PRACTITIONER**

---



**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

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### **CERTIFIED NURSE** **PRACTITIONER**

---



**VEGA, TERESA**

Provider ID: 206360

Provider Gender: Female

License Number: NP95001705


NPI: 1912304569


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org






























Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>VILLALOBOS, REBECA</b> <i>Provider ID: 206360</i> <i>Provider Gender: Female</i> <i>License Number: NP95015780</i> <i>NPI: 1184224396</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</i> <i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 1809 NATIONAL AVE SAN DIEGO, CA 92113  <i>Phone: (619) 515-2300</i>  <i>After Hours Phone: (619) 515-2300</i>  <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>WEICKERT, MARIA</b> <i>Provider ID: 417429</i> <i>Provider Gender: Female</i> <i>License Number: NP95010814</i></p>	<p><i>NPI: 1841758984</i></p> <p> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> <i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 1550 BROADWAY STE 2 SAN DIEGO, CA 92101  <i>Phone: (619) 515-2525</i>  <i>After Hours Phone: (619) 515-2525</i>  <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8:30AM-5:30PM</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>WILLIAMS, TAKISHA</b> <i>Provider ID: 402851</i> <i>Provider Gender: Female</i> <i>License Number: NP95013978</i> <i>NPI: 1881727386</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</i> <i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 3705 MISSION BLVD SAN DIEGO, CA 92109</p>	<p> <i>Phone: (619) 515-2444</i>  <i>After Hours Phone: (619) 515-2444</i>  <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\None</i> <i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <hr/> <p><b>WILLIAMS, TAKISHA</b> <i>Provider ID: 416831</i> <i>Provider Gender: Female</i> <i>License Number: NP95013978</i> <i>NPI: 1881727386</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</i> <i>FAMILY HEALTH CENTERS OF SAN DIEGO</i></p> <p> 3514 30TH ST SAN DIEGO, CA 92104  <i>Phone: (619) 515-2424</i>  <i>After Hours Phone: (619) 515-2424</i>  <i>Website: www.fhcsd.org</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\18</i> <i>American Sign Language (ASL):</i> N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>
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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

---


#### **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

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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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### **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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CHIROPRACTOR

### ASSADIAN, MEHRAK

Provider ID: 451167

Provider Gender: Female

License Number: DC27523

NPI: 1295278281

Provider English Spoken: Y


Provider Language(s)  
Spoken: Turkish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### CHIROPRACTOR

### CABALLERO, JAMES

Provider ID: 418535


Provider Gender: Male


License Number: DC27726


NPI: 1093991549


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU

8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

### CHIROPRACTOR

### CABALLERO, JAMES

Provider ID: 417101

Provider Gender: Male

License Number: DC27726


NPI: 1093991549


Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No  
OPERATION SAMAHAN

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4:30PM

### CHIROPRACTOR

### GILIBERTO, JOSEPH

Provider ID: 418535

Provider Gender: Male


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

License Number: DC15775


NPI: 1821463159


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM

### CHIROPRACTOR


#### GILIBERTO, JOSEPH

Provider ID: 417101

Provider Gender: Male

License Number: DC15775

NPI: 1821463159

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No


OPERATION SAMAHAN

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4:30PM

### CHIROPRACTOR


#### HALEY, STEVEN


Provider ID: 185268

Provider Gender: Male

License Number: DC25697

NPI: 1083764484


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619)  
280-4213

 Website: [www.lamaestra.org](http://www.lamaestra.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### CHIROPRACTOR

#### HOURIHAN, KEITH

Provider ID: 185268

Provider Gender: Male

License Number: DC29314

NPI: 1306916994

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

 After Hours Phone: (619)  
280-4213

 Website: [www.lamaestra.org](http://www.lamaestra.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### CHIROPRACTOR

#### ILCHENA, ALESANDRA

Provider ID: 185268


Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: 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](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### CHIROPRACTOR


#### KAZEM, AHMAD

Provider ID: 227409

Provider Gender: Male

License Number: DC33300

NPI: 1003296096


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Persian


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [https://www.syhe](https://www.syhealth.org/locations)  
[alth.org/locations](https://www.syhealth.org/locations)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### 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.operationsa](http://www.operationsamahan.org)  
[mahan.org](http://www.operationsamahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM

### CHIROPRACTOR

#### OLSEN, MARTIN

Provider ID: 402851

Provider Gender: Male

License Number: DC20729

NPI: 1730247990


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CHIROPRACTOR

#### PAGE, BIANCA

Provider ID: 417937

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


License Number: 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):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

### CHIROPRACTOR

#### **SOSA, DAVID**

Provider ID: 417937

Provider Gender: Male


License Number: DC33150


NPI: 1013308675

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545


 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### CHIROPRACTOR

#### **SOSA, DAVID**

Provider ID: 206363

Provider Gender: Male


License Number: DC33150


NPI: 1013308675

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### CHIROPRACTOR

#### **TAGHIZADEH, MAJID**


Provider ID: 417937

Provider Gender: Male

License Number: DC30121

NPI: 1750590600

 Provider English Spoken: Y







 Provider Language(s)  
Spoken: Farsi, Persian,  
Turkish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:30AM-5:30PM

### **CHIROPRACTOR**


#### **TRUONG, VENNES**



Provider ID: 417101  
Provider Gender: Female  
License Number: DC34907  
NPI: 1053919928  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
OPERATION SAMAHAN  
 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
200-2426  
 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT



PROVIDER  
 Hours: M-F 8AM-4:30PM



### **CLINIC OUTPATIENT**

#### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

Provider ID: 418535  
NPI: 1699216622  
 Provider English Spoken: Y  
Cultural Competency: N  
OPERATION SAMAHAN


 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
Fax: (858) 695-9074

 After Hours Phone: (844)  
200-2426  
 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)






Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM

### **DERMATOLOGY**

#### **BURROWS, WILLIAM**



Provider ID: 417937  
Provider Gender: Male  
License Number: G16236  
NPI: 1639199292  
 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **DERMATOLOGY**

#### **CARTER, NATASHA**


Provider ID: 206363  
Provider Gender: Female  
License Number: A140912  
NPI: 1033539184  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### SAN DIEGO

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None




American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

### 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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


American Sign Language (ASL):




N


 Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY METABOLISM DIABETES

#### CHANG, AMY

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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER



### ENDOCRINOLOGY METABOLISM DIABETES

#### HOSEIN, NADEEN

Provider ID: 417937  
Provider Gender: Female  
License Number: A113255  
NPI: 1912051715  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO



 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

### ENDOCRINOLOGY METABOLISM DIABETES

#### ISLAM, JULIE

Provider ID: 206363  
Provider Gender: Female  
License Number: A149552  
NPI: 1750780516  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bengali, Spanish

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

### METABOLISM DIABETES


#### **PHILIS-TSIMIKAS, ATHENA**

Provider ID: 206360

Provider Gender: Female

License Number: A50477

NPI: 1922105964

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Greek

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


ENCINITAS, SCRIPPS GREEN  
HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, UCSD MEDICAL  
CTR

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

### FAMILY PRACTICE

#### **ABDALLAH, ALI**

Provider ID: 206363

Provider Gender: Male

License Number: 20A15471

NPI: 1649699968


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **ALVAREZ-ESTRADA, MIGUEL**


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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### **FAMILY PRACTICE**


#### **BAHRAMZI, MARIA**


Provider ID: 417987

Provider Gender: Female

License Number: A173486

NPI: 1588141865

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Pashto


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


#### **BAHRAMZI, MARIA**

Provider ID: 206362

Provider Gender: Female

License Number: A173486

NPI: 1588141865

 Provider English Spoken: Y

 Provider Language(s)


Spoken: Pashto


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **BAHRAMZI, MARIA**

Provider ID: 206362

Provider Gender: Female

License Number: A173486

NPI: 1588141865

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Pashto


Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **BAIN, NATALIE**

Provider ID: 206360

Provider Gender: Female

License Number: A183464

NPI: 1821677584


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300


 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **BAUTISTA, LUIS**

Provider ID: 517403

Provider Gender: Male

License Number: A97270

NPI: 1295712206

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
ST AGNES MEDICAL CENTER  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 316 25TH ST  
SAN DIEGO, CA 92102

 Phone: (619) 238-5551

 After Hours Phone: (619)  
238-5551

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **BISHOP, MELISSA**


Provider ID: 403583

Provider Gender: Female

License Number: C137521

NPI: 1578667077

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 645-6405


 After Hours Phone: (619)  
645-6405


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM

### **FAMILY PRACTICE**

#### **BODIFORD, SAMANTHA**

Provider ID: 214492

Provider Gender: Female

License Number: A165398

NPI: 1730684200


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1016 OUTER RD  
SAN DIEGO, CA 92154

 Phone: (619) 429-3733


 After Hours Phone: (619)  
429-3733


 Website: [www.ibclinic.org](http://www.ibclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

TU-TH 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **CHOU, BILL**

Provider ID: 206362

Provider Gender: Male


License Number: 20A14794


NPI: 1730448101

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### **CHUN, HYUN**

Provider ID: 206360

Provider Gender: Male


License Number: A163978




NPI: 1083118988



 Provider English Spoken: Y

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## C. Directorio de atención primaria

 *Provider Language(s)  
Spoken: Korean*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF  
SAN DIEGO**



 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619)  
515-2300*





 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*

### **FAMILY PRACTICE**

#### **COLLINS, WILLIAM**

*Provider ID: 417937*  
*Provider Gender: Male*  
*License Number: 20A15413*  
*NPI: 1417361973*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF  
SAN DIEGO**





 4094 4TH AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 515-2545*


 *After Hours Phone: (619)  
515-2545*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: SU-SA 8AM-9PM*

### **FAMILY PRACTICE**

#### **COLLINS, WILLIAM**

*Provider ID: 206362*  
*Provider Gender: Male*  
*License Number: 20A15413*  
*NPI: 1417361973*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF  
SAN DIEGO**


 3544 30TH ST  
SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619)  
515-2424*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*


**PROVIDER**  
 *Hours: SU-SA  
8:30AM-5:30PM*


### **FAMILY PRACTICE**



#### **COLLINS, WILLIAM**

*Provider ID: 206362*  
*Provider Gender: Male*  
*License Number: 20A15413*  
*NPI: 1417361973*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON*  
*Board Certified Specialty: No*  
**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Male

License Number: 20A13060

NPI: 1629339593

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **DAPPEN, AMANDA**

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](http://www.syhealth.org/clinics/king-chavez-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-4PM

### FAMILY PRACTICE

#### **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

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## C. Directorio de atención primaria

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### FLORES, JOE

Provider ID: 417937  
 Provider Gender: Male  
 License Number: A171135  
 NPI: 1033647409  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### FAMILY PRACTICE

#### 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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F 8AM-4:30PM

### FAMILY PRACTICE

#### 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](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### GLEASON ROHRER, GWEN

Provider ID: 233532  
 Provider Gender: Female  
 License Number: A112176  
 NPI: 1710140462

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE  
 150

SAN DIEGO, CA 92105  
 Phone: (619) 280-2058

After Hours Phone: (619)  
 280-2058

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\22

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

### **FAMILY PRACTICE**

#### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### **FAMILY PRACTICE**

#### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **HAMILTON, LISA MARIE**

Provider ID: 206363

Provider Gender: Female

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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

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## C. Directorio de atención primaria



 *Provider Language(s)*  
*Spoken: Arabic, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: <https://www.syhealth.org/locations>*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*



 *Accessibility: CONTACT PROVIDER*



### **FAMILY PRACTICE**

#### **KAUFMAN, JENNIFER**

*Provider ID: 417987*  
*Provider Gender: Female*  
*License Number: G149974*  
*NPI: 1407818768*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Mandarin*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*FAMILY HEALTH CENTERS OF*  
*SAN DIEGO*



 4874 POLK AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*  
 *After Hours Phone: (619)*  
*515-2426*  
 *Website: [www.fhcsd.org](http://www.fhcsd.org)*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
*8:30AM-5:30PM*

### **FAMILY PRACTICE**



#### **KEFLEZIGHI, BAHGHI**

*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: A100391*  
*NPI: 1124210844*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA, RADY CHILDRENS*  
*HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
*FAMILY HEALTH CENTERS OF*  
*SAN DIEGO*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*  
*Fax: (619) 263-2499*



 *After Hours Phone: (619)*  
*515-2560*





 *Website: [www.fhcsd.org](http://www.fhcsd.org)*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **KIDDER, BRENDAN**

*Provider ID: 227409*  
*Provider Gender: Male*  
*License Number: A112379*  
*NPI: 1275793929*

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
*662-4100*  
 *Website: <https://www.syhealth.org/locations>*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**

#### **LACH, REBECCA**

*Provider ID: 206362*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Female

License Number: 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: 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**

#### **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**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

*Cultural Competency: N*  
*Board Certified Specialty: No*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 3544 30TH ST  
SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*



*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

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### **FAMILY PRACTICE**




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#### **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*


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### **FAMILY PRACTICE**



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#### **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*



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### **FAMILY PRACTICE**

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#### **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*


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### **FAMILY PRACTICE**

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#### **MANDOYAN, AUSTIN**

*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: A161682*  
*NPI: 1841726148*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

Provider ID: 206046

Provider Gender: Male

License Number: C174985

NPI: 1023437704

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

Provider ID: 206046

Provider Gender: Male

License Number: C174985

NPI: 1023437704

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MCLAUGHLIN, ERIK**

Provider ID: 207382

Provider Gender: Male

License Number: C176574  
NPI: 1861637217

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 2630 1ST AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
 After Hours Phone: (619)  
234-2158  
 Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
Indian Health Services: Y

### **FAMILY PRACTICE**

#### **MELGAR, MONICA**

Provider ID: 402851

Provider Gender: Female

License Number: A154399

NPI: 1629432174

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish






Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


 3705 MISSION BLVD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W  
 8:30AM-5:30PM  
 TH 9AM-6PM  
 F 8:30AM-5:30PM



### **FAMILY PRACTICE**

**MORALES, ALEJANDRA**  
 Provider ID: 227409  
 Provider Gender: Female  
 License Number: A162332  
 NPI: 1063945657  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

### *PROVIDER*


### **FAMILY PRACTICE**



#### **NAVARRO, 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](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N



 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN, NGOC**

Provider ID: 517998  
 Provider Gender: Male  
 License Number: A74094

NPI: 1184668105

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish,  
 Vietnamese



Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None



American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**

#### **NGUYEN-CLEARY, THAI**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: A86079  
 NPI: 1467442624

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation:


HOLLYWOOD PRESBYTERIAN  
 MED CTR


Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria


### FAMILY HEALTH CENTERS OF SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM




#### FAMILY PRACTICE


### Niazi, Harris

Provider ID: 206360  
Provider Gender: Male  
License Number: A146111  
NPI: 1174905871

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

#### FAMILY PRACTICE


### Norris, Jeffrey

Provider ID: 403583  
Provider Gender: Male  
License Number: A136275  
NPI: 1073870374

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


 Hours: M-F 8AM-5PM

#### FAMILY PRACTICE

### Nuqui, Josie



Provider ID: 432308  
Provider Gender: Female  
License Number: A71544  
NPI: 1184773673


 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N

Board Certified Specialty: No  
OPERATION SAMAHAN

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131


 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM  
SA 8:30AM-5PM

#### FAMILY PRACTICE


### Ortiz, Kenneth

Provider ID: 517403  
Provider Gender: Male  
License Number: A156607  
NPI: 1356761571

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL






Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 316 25TH ST

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.










## C. Directorio de atención primaria

SAN DIEGO, CA 92102  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

### **FAMILY PRACTICE**



#### **PAYAMI, MADDIHA**

Provider ID: 417429  
Provider Gender: Female  
License Number: 20A14012  
NPI: 1336484104  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619) 515-2525  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER



 Hours: M-F  
8:30AM-5:30PM


### **FAMILY PRACTICE**

#### **PEREZ, PERLITA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A119689  
NPI: 1174810972  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560



 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER



### **FAMILY PRACTICE**


#### **POSADA, SEAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: A180171  
NPI: 1295100691  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300



 Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER



### **FAMILY PRACTICE**


#### **PROPST, TOBE**

Provider ID: 403583  
Provider Gender: Male  
License Number: A82123  
NPI: 1194814277  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101





























 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500

 Website: N/A  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria


<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p> <i>Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No COMMUNITY CARE IPA LLC</i></p>	<p><i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>
<b>FAMILY PRACTICE</b>		
<p><b>RAGUVEER, VISHAKA</b>  <i>Provider ID: 418535            Provider Gender: Female            License Number: A172736            NPI: 1740609387</i>   <i>Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No OPERATION SAMAHAN</i>   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            Min/Max Age: 0\None            American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-TU 8:30AM-5:30PM W 10AM-7PM TH-F 8:30AM-5:30PM</i></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            Min/Max Age: 0\None            American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>	<p><b>FAMILY PRACTICE</b></p> <p><b>RITTER, STEVEN</b>  <i>Provider ID: 451167            Provider Gender: Male            License Number: 20A7435            NPI: 1356556021</i>   <i>Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i>   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            Min/Max Age: 0\None            American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>
<b>FAMILY PRACTICE</b>		
<p><b>RAGUVEER, VISHAKA</b>  <i>Provider ID: 618164            Provider Gender: Female            NPI: 1740609387</i></p>	<p><b>FAMILY PRACTICE</b></p> <p><b>RIDGE, NEAL</b>  <i>Provider ID: 631494            Provider Gender: Male            License Number: 20A6920            NPI: 1053381004</i>   <i>Provider English Spoken: Y Cultural Competency: N Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i>   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            Min/Max Age: 0\None</i></p>	<p><b>FAMILY PRACTICE</b></p> <p><b>RODRIGUEZ, LOUIE</b>  <i>Provider ID: 206360            Provider Gender: Male            License Number: A176144            NPI: 1558823625</i>   <i>Provider English Spoken: Y</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Provider Language(s)*  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **RODRIGUEZ, LOUIE**

Provider ID: 417937  
Provider Gender: Male  
License Number: A176144  
NPI: 1558823625

 *Provider English Spoken: Y*  
 *Provider Language(s)*  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**




#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **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](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-6PM

SA 8AM-2PM



### **FAMILY PRACTICE**

#### **SCOTT, RYLEE**

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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**







#### **SHEIKH, ZARA**

Provider ID: 233532  
 Provider Gender: Female  
 License Number: A163512  
 NPI: 1952808727  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Urdu  
 Cultural Competency: N  
 Board Certified Specialty: No

**IHP OF SOUTHERN CAL-PHP**  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619) 280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 SA 8AM-2PM

### **FAMILY PRACTICE**

#### **SHEIKH, ZARA**

Provider ID: 233597  
 Provider Gender: Female  
 License Number: A163512  
 NPI: 1952808727  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Urdu  
 Cultural Competency: N  
 Board Certified Specialty: No  
**IHP OF SOUTHERN CAL-PHP**  
 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 After Hours Phone: (619) 563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): *None*

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

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### **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

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### **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: 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

---

### **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







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p><b>FAMILY PRACTICE</b></p> <p><b>SNYDER, CHRISTOPHER</b>            Provider ID: 517998            Provider Gender: Male            License Number: 20A7502            NPI: 1922041235</p> <p> 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</p> <p> 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</p>	<p>Provider Gender: Female            License Number: A157547            NPI: 1013441203</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 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</p>	<p>MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA            Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p> 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</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>SOPHY, ELIZABETH</b>            Provider ID: 403583</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>SUMMERS-DAY, COURTNEY</b>            Provider ID: 214492            Provider Gender: Female            License Number: A112781            NPI: 1124288873</p> <p> Provider English Spoken: Y   Provider Language(s) Spoken: Spanish            Cultural Competency: N            Hospital Affiliation: SCRIPPS</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>SWARTZ, JOHN</b>            Provider ID: 403583            Provider Gender: Male            License Number: G72486            NPI: 1396754131</p> <p> 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</p>



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.






## C. Directorio de atención primaria

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 515-2300

Fax: (619) 795-2756

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### TRAN, TONNIA

Provider ID: 233597

Provider Gender: Female

License Number: 20A7662

NPI: 1982746657

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese


Cultural Competency: N


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619) 563-0250

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### FAMILY PRACTICE

#### TSUCHIYA, KIMIKO

Provider ID: 417782

Provider Gender: Female

License Number: 20A19610

NPI: 1629637285


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

 After Hours Phone: (619) 515-2430


 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### FAMILY PRACTICE

#### VALENZUELA, TRICIA

Provider ID: 206363

Provider Gender: Female

License Number: A161373

NPI: 1346776358

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF SAN DIEGO

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619) 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N



 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5PM*

### **FAMILY PRACTICE**

#### **ZHLER, 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 515-2426

Fax: (619) 255-8002

After Hours Phone: (619) 515-2426

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:30AM-5:30PM

#### FQHC

### FAMILY HEALTH CTR OF SD-ELM ST,

Provider ID: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

#### FQHC

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK,

Provider ID: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:30AM-5:30PM

#### FQHC

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK,

Provider ID: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:30AM-5:30PM

#### FQHC

### FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,

Provider ID: 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*


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### FQHC


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#### FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,

*Provider ID: 417429*  
*NPI: 1356750376*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101  
 *Phone: (619) 515-2525*  
*Fax: (619) 501-5814*  
 *After Hours Phone: (619) 515-2525*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5:30PM*


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### FQHC

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#### 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*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-W 8:30AM-5:30PM*  
*TH 9AM-6PM*  
*F 8:30AM-5:30PM*

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### FQHC

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#### 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*

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### FQHC

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#### 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*

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### FQHC

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#### LA MAESTRA FAMILY CLINIC INC,

*Provider ID: 185268*  
*NPI: 1336353721*

 *Provider English Spoken: Y*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N

**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](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### FQHC

**LOGAN HEIGHTS FAMILY  
HEALTH CENTER,**

Provider ID: 206360

NPI: 1447281936

Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

Fax: (619) 234-2447

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### FQHC

**LOGAN HEIGHTS FAMILY  
HEALTH CENTER,**

Provider ID: 624977

NPI: 1447281936

Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2355

Fax: (619) 232-7011

After Hours Phone: (619)  
515-2355

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria


<p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>MID-CITY COMMUNITY CLINIC,</b>            Provider ID: 233597            NPI: 1962483040  <input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            IHP OF SOUTHERN CAL-PHP  <input type="location"/> 4290 POLK AVE            SAN DIEGO, CA 92105  <input type="phone"/> Phone: (619) 563-0250            Fax: (858) 633-4681  <input type="phone"/> After Hours Phone: (619) 563-0250  <input type="website"/> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-F 8AM-5PM            SA 8AM-2PM</p>	<p><input type="phone"/> Phone: (619) 280-2058            Fax: (858) 633-4682  <input type="phone"/> After Hours Phone: (619) 280-2058  <input type="website"/> Website: <a href="http://www.sdfamilycare.org">www.sdfamilycare.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\22            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-F 8AM-5PM            SA 8AM-2PM</p>	<p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>NORTH PARK FAMILY HEALTH CENTERS,</b>            Provider ID: 206362            NPI: 1184169963  <input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            FAMILY HEALTH CENTERS OF SAN DIEGO  <input type="location"/> 3544 30TH ST            SAN DIEGO, CA 92104  <input type="phone"/> Phone: (619) 515-2424            Fax: (619) 501-0627  <input type="phone"/> After Hours Phone: (619) 515-2424  <input type="website"/> Website: <a href="http://www.fhcsd.org">www.fhcsd.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER</p>
<p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>MID-CITY COMMUNITY CLINIC,</b>            Provider ID: 233532            NPI: 1962483040  <input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            IHP OF SOUTHERN CAL-PHP  <input type="location"/> 4305 UNIVERSITY AVE STE 150            SAN DIEGO, CA 92105</p>	<p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>NESTOR COMMUNITY HEALTH CENTER,</b>            Provider ID: 214492            NPI: 1215246996  <input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            IHP OF SOUTHERN CAL-PHP  <input type="location"/> 1016 OUTER RD            SAN DIEGO, CA 92154  <input type="phone"/> Phone: (619) 429-3733            Fax: (619) 628-5550  <input type="phone"/> After Hours Phone: (619) 429-3733  <input type="website"/> Website: <a href="http://www.ibclinic.org">www.ibclinic.org</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M 8:30AM-5PM            TU-TH 8:30AM-8PM</p>	<p style="text-align: center;"><b>FQHC</b></p> <hr/> <p><b>NORTH PARK FAMILY HEALTH CENTERS,</b>            Provider ID: 416831            NPI: 1700821303  <input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            FAMILY HEALTH CENTERS OF SAN DIEGO  <input type="location"/> 3514 30TH ST            SAN DIEGO, CA 92104  <input type="phone"/> Phone: (619) 515-2424</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Fax: (619) 683-7586

 After Hours Phone: (619) 515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-5PM

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### FQHC

#### NORTH PARK FAMILY HEALTH CENTERS,


Provider ID: 206362

NPI: 1700821303


 Provider English Spoken: Y  
Cultural Competency: N

FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

Fax: (619) 501-0627

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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### FQHC

#### OPERATION SAMAHAN - MIRA

#### MESA,


Provider ID: 432308

NPI: 1861933897

 Provider English Spoken: Y  
Cultural Competency: N


OPERATION SAMAHAN

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

Fax: (858) 536-8034

 After Hours Phone: (844) 200-2426

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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### FQHC

#### OPERATION SAMAHAN - MIRA

#### MESA,

Provider ID: 417101

NPI: 1871680397

 Provider English Spoken: Y  
Cultural Competency: N


OPERATION SAMAHAN

 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426


 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

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### 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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU 8:30AM-5:30PM

W 10AM-7PM

TH-F 8:30AM-5:30PM

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### FQHC

#### SAN DIEGO AMERICAN


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

Indian Health Services: Y

#### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9AM-4PM

#### 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

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## C. Directorio de atención primaria

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NPI: 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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### GASTROENTEROLOGY


#### **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<br/>mahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4:30PM

### GASTROENTEROLOGY


#### **STIPHO, SALLY**

Provider ID: 417937

Provider Gender: Female

License Number: A104647

NPI: 1467642215

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, KINDRED

HOSPITAL SAN DIEGO,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### GENERAL PRACTICE

#### **BELLO, OSAGIE**

Provider ID: 417101

Provider Gender: Male

License Number: A115182

NPI: 1164726378

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

PARADISE VALLEY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL, SCRIPPS

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### GREEN HOSPITAL

Board Certified Specialty: No  
OPERATION SAMAHAN

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-4:30PM

#### GENERAL PRACTICE

### DOAN STEPHENS, CRYSTAL

Provider ID: 233532

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\22

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### GENERAL PRACTICE

### RECALDE, FRANCISCO

Provider ID: 13850

Provider Gender: Male

NPI: 1538309067

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

3811 EL CAJON BLVD  
SAN DIEGO, CA 92105

Phone: (619) 284-5622

Fax: (619) 566-4655

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

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## C. Directorio de atención primaria



Board Certified Specialty: No  
**LA MAESTRA FAMILY CLINIC**  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 After Hours Phone: (619)  
 255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


### 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER






### INTERNAL MEDICINE

**ALASSIL, SALLY**  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE

**ALDOUS, JEANNETTE**  
 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](http://www.syhealth.org/clinics/king-chavez-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE



**ANDREWS, JOHN**  
 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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



SAN DIEGO, CA 92101  
 Phone: (619) 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None


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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM

### INTERNAL MEDICINE

#### CHEN, JAMES

Provider ID: 417937

Provider Gender: Male

License Number: A86644

NPI: 1265495691

Provider English Spoken: Y

Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS


MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No


FAMILY HEALTH CENTERS OF

SAN DIEGO

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### CSAPOCZI, PETER

Provider ID: 451167

Provider Gender: Male

License Number: A96919

Provider English Spoken: Y

Provider Language(s)

Spoken: Hungarian,

Spanish, Ukrainian


Cultural Competency: N


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE

SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

SA 8AM-4PM

### INTERNAL MEDICINE

#### CUMMINS, ANDREW

Provider ID: 417937

Provider Gender: Male

License Number: A102764

NPI: 1699917096

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

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## C. Directorio de atención primaria

VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE  
SAN DIEGO, CA 92103  
Phone: (619) 515-2545  
After Hours Phone: (619)  
515-2545

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### DAHMS, ERIC

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](http://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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERNAL MEDICINE

#### 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](http://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



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## C. Directorio de atención primaria

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM



### INTERNAL MEDICINE



#### **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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM



### INTERNAL MEDICINE

#### **GEHR, MARC**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: G67338  
 NPI: 1306800180

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE

#### **GERWER, JOHANNA**

Provider ID: 206360

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria

Provider Gender: Female


License Number: A169752


NPI: 1043742588


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### GUTIERREZ, ANGELICA

Provider ID: 233597

Provider Gender: Female


License Number: A175116


NPI: 1982180329

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4290 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)  
563-0250

 Website: [www.sdfamilycare](http://www.sdfamilycare)


.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

### INTERNAL MEDICINE


#### HAN, PAUL


Provider ID: 417937

Provider Gender: Male

License Number: A116816

NPI: 1053553339

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Korean


Cultural Competency: N  
Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### INTERNAL MEDICINE

#### HAZELBAKER, PAUL

Provider ID: 417782

Provider Gender: Male


License Number: 20A7147


NPI: 1831106103


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101


 Phone: (619) 515-2430

 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

#### HENDERSON, PHILIP

Provider ID: 417937

Provider Gender: Male

License Number: A140324

NPI: 1447678834

 Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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



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## C. Directorio de atención primaria

 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Hospital Affiliation: Hemet  
Global Medical Center, Menifee  
Global Medical Center  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### LAMANTIA, MICHELE

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](http://www.syhealth.org)

/clinics/king- chavez- healt  
h- center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### NARANJO, RODRIGO

Provider ID: 206046

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### NARANJO, RODRIGO

Provider ID: 482070

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### NARANJO, RODRIGO

Provider ID: 206046

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### PARIKH, MILIND


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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### RAMERS, CHRISTIAN

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### RESNIKOFF, PAMELA

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545  
After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

**RIVERA, TANIA**

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.or  
g

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-6PM  
SA 8AM-2PM

### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.







## C. Directorio de atención primaria

License Number: A81206  
 NPI: 1750498119  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: ST MARYS  
 MEDICAL CENTER SAN  
 FRANCISCO, TRI CITY  
 MEDICAL CTR  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1666 PRECISION PARK LN  
 SAN DIEGO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE






#### SHI, RUJING




Provider ID: 417937  
 Provider Gender: Female  
 License Number: 20A19399  
 NPI: 1710446539  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### INTERNAL MEDICINE

#### SMILDE, RENEE

Provider ID: 417937  
 Provider Gender: Female  
 License Number: A70175  
 NPI: 1427010594  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Dutch  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)

515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### INTERNAL MEDICINE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


### 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](http://www.operationsamahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-4:30PM

#### INTERNAL MEDICINE


### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

#### INTERNAL MEDICINE


### WASTILA, LISA


Provider ID: 403583

Provider Gender: Female

License Number: A60801

NPI: 1043375231

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619)  
233-8500


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

#### INTERNAL MEDICINE

### WATTANAMANO, PORNTHEP


Provider ID: 206046

Provider Gender: Male

License Number: C186338

NPI: 1295738516

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Thai


Cultural Competency: N


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD

SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 Hours: M-F  
8:30AM-5:30PM

### INTERNAL MEDICINE


#### **WATTANAMANO, PORNTHEP**


Provider ID: 206046

Provider Gender: Male

License Number: C186338

NPI: 1295738516


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Thai


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### INTERNAL MEDICINE


#### **WATTS, ELI**

Provider ID: 451167

Provider Gender: Male

License Number: A79383

NPI: 1649373739

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **YUNG, STEVEN**

Provider ID: 417937

Provider Gender: Male

License Number: G80798

NPI: 1689636656


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

SAN DIEGO

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-9PM  
F 8AM-5PM

### INTERVENTIONAL

#### CARDIOLOGY



#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

HOSPITAL, Adventist Health and Rideout, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619) 515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

### 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](http://www.lamaestra.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8AM-5PM

### NEUROLOGY

LUHAR, RIYA  
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,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

SCRIPPS MEMORIAL  
HOSPITAL, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 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](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9PM  
 W-F 8:30AM-5:30PM  
 SA 9AM-4PM

### **OBSTETRICS / GYNECOLOGY**



**BLAKE, GARY**  
 Provider ID: 206046  
 Provider Gender: Male  
 License Number: G44807  
 NPI: 1497738439  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9PM  
 W-F 8:30AM-5:30PM  
 SA 9AM-4PM

### **OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**  
 Provider ID: 402851  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**  
 Provider ID: 206362  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

SCRIPPS MERCY HOSPITAL,  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


### **OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8AM-7PM

TU-TH 8AM-6PM  
 F 8AM-5:30PM  
 SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**  
 Provider ID: 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


### CARTER, KHALIL

Provider ID: 206362

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

### OBSTETRICS / GYNECOLOGY


#### CARTER, KHALIL


Provider ID: 416831

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### OBSTETRICS / GYNECOLOGY


#### CARTER, KHALIL

Provider ID: 206362

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:30AM-5:30PM  
F 8:30AM-5PM

### OBSTETRICS / GYNECOLOGY

#### CARTER, KHALIL

Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### SAN DIEGO

 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444


 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-W 8:30AM-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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-W  
8:30AM-5:30PM

TH 9AM-6PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**


#### **CHAKRABARTI, PRIYA**

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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **CHAKRABARTI, PRIYA**

Provider ID: 206360

Provider Gender: Female


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

License Number: 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

### **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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **DE MIK, TRAVIS**





Provider ID: 416831  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **DORUELO, ASHLEY**

Provider ID: 402851  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**



#### **DORUELO, ASHLEY**

Provider ID: 206363  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**




#### **DORUELO, ASHLEY**


Provider ID: 206360  
Provider Gender: Female  
License Number: A178499  
NPI: 1033613732


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  Hours: M 8AM-7PM  
TU-TH 8AM-6PM



 Accessibility: CONTACT  
PROVIDER

F 8AM-5:30PM  
SA 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**




#### **GRANT, REBEKAH**


Provider ID: 206360  
Provider Gender: Female  
License Number: C159737  
NPI: 1326243833

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French,  
Portuguese, Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, Sharp  
Grossmont Hospital, SCRIPPS  
MERCY HOSPITAL, RIVERSIDE  
COMMUNITY HOSP, HOAG  
HOSPITAL IRVINE

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER




### **OBSTETRICS / GYNECOLOGY**


#### **HANLEY, LAUREN**

Provider ID: 206360  
Provider Gender: Female  
License Number: C174771  
NPI: 1053392035

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 416831


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **HANLEY, LAUREN**

Provider ID: 206363

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp


Grossmont Hospital


Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 4725 MARKET ST

SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **HANLEY, LAUREN**

Provider ID: 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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W  
8:30AM-5:30PM

TH 9AM-6PM

F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 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)







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-W 8:30AM-5PM  
 TH 9:30AM-6PM

### **OBSTETRICS / GYNECOLOGY**





#### **LIPSCHITZ, LISA**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: A72005  
 NPI: 1649208711  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: A72005  
 NPI: 1649208711  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **LIPSCHITZ, LISA**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### SAN DIEGO



 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None


American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY**

#### SAPRA, SONIA

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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**


#### 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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER




### **OBSTETRICS / GYNECOLOGY**


#### SAPRA, SONIA

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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### STABEN, REBECCA

Provider ID: 206363  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


### **OBSTETRICS / GYNECOLOGY** **STABEN, REBECCA**

Provider ID: 206360  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO



 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY** **STABEN, REBECCA**


Provider ID: 416831  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO







 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\18

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH 8AM-5PM



### **OBSTETRICS / GYNECOLOGY** **STABEN, REBECCA**

Provider ID: 402851  
Provider Gender: Female

License Number: 20A13958  
NPI: 1932269198  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-W  
8:30AM-5:30PM  
TH 9AM-6PM  
F 8:30AM-5:30PM

### **OBSTETRICS / GYNECOLOGY** **TRUJILLO, JENNIFER**

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206363

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619) 515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 416831

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619) 515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**

Provider ID: 206362

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO


3544 30TH ST  
SAN DIEGO, CA 92104

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After Hours Phone: (619)

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## C. Directorio de atención primaria


515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  N

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

---

### **OBSTETRICS / GYNECOLOGY**


#### **ZIEG, ALAN**


Provider ID: 206362

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 3544 30TH ST  
 SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

---

### **OBSTETRICS / GYNECOLOGY**

#### **ZIEG, ALAN**


Provider ID: 206360

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish


Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---







### **OPHTHALMOLOGY**

#### **NAJAFI, DAVID**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria







Provider ID: 206360  
 Provider Gender: Male  
 License Number: A68124  
 NPI: 1396715991  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Persian,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU 8:30AM-6PM  
 TH 8:30AM-6PM  
 F 8:30AM-5PM  
 SA 8:30AM-5PM

### **OPHTHALMOLOGY**

**SHAW, BLAKE**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: G61394  
 NPI: 1649206541  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO






 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:30AM-7:30PM  
 TU-F 8:30AM-5:30PM

### **OPHTHALMOLOGY**

**SHAW, BLAKE**





Provider ID: 206363  
 Provider Gender: Male  
 License Number: G61394  
 NPI: 1649206541  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

### **OPHTHALMOLOGY**

**ZABLIT, KARIM**

Provider ID: 403583  
 Provider Gender: Male  
 License Number: A42127  
 NPI: 1083700538  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 GREEN HOSPITAL  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): NPI: 1275152662

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:45PM

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### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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### PEDIATRICS

#### **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

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 After Hours Phone: (619) 280-4213


 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM  
SA 8AM-2PM

### PEDIATRICS



#### **ADJAN, ROULA**

Provider ID: 185268

Provider Gender: Female

License Number: A81682


NPI: 1992847263

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, French,  
Spanish

Cultural Competency: N

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

Fax: (619) 749-5480


 After Hours Phone: (619)  
255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



### PEDIATRICS

#### **ADLOUNI, LOUBABA**

Provider ID: 230441


Provider Gender: Female


NPI: 1669443685

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH,  
PALOMAR MEDICAL CENTER  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 16918 DOVE CANYON RD  
STE 200  
SAN DIEGO, CA 92127

 Phone: (858) 924-1960

Fax: (858) 924-1964


 After Hours Phone: (858)  
924-1960

 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS



#### **ALBINO, NICHOLAS**

Provider ID: 416831

Provider Gender: Male

License Number: A179851

NPI: 1740843499


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 3514 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424


 After Hours Phone: (619)  
515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-5PM

### PEDIATRICS



#### **ANDREE, GREGOR**

Provider ID: 233532

Provider Gender: Male

License Number: A72833


NPI: 1467436063

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German, Spanish

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

*Cultural Competency: N*  
*Board Certified Specialty: No*  
**IHP OF SOUTHERN CAL-PHP**  
 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, 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): Provider 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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### AZIMI, AYSUN

Provider ID: 317194

Provider Gender: Female


NPI: 1710246160

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA MED CTR, COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CLOVIS COMMUNITY HOSPITAL, CLOVIS COMMUNITY HOSPITAL

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114

 Phone: (619) 262-8624

Fax: (619) 262-6639

 After Hours Phone: (619) 262-8624

 Website: N/A


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS


#### BONSU, BEMA

Provider ID: 227409


Provider Gender: Male


License Number: C55180


NPI: 1932106986

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### CABARLO, JEHRIB

Provider ID: 206360

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

### PEDIATRICS


#### **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):*

 *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)*



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## C. Directorio de atención primaria

810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9AM-5PM

### PEDIATRICS

#### 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](http://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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

NPI: 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.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### PEDIATRICS

#### 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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-7PM  
TU-TH 8:30AM-6PM  
F 8:30AM-5:30PM  
SA 8:30AM-5PM

### PEDIATRICS

#### GUPTA, VARSHA


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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

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## C. Directorio de atención primaria

### 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

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#### 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

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#### 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

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#### PEDIATRICS

### HORMOZDYARAN, SANAYA

Provider ID: 612398

Provider Gender: Female

NPI: 1750887634

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NPI: 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<hr/> <b>PEDIATRICS</b> <hr/>	 <i>Provider Language(s)</i>
<hr/> <b>PEDIATRICS</b> <hr/>	<p><b>MARTINEZ-ANDREE, INGRID</b>  <i>Provider ID: 319049</i>  <i>Provider Gender: Female</i>  <i>NPI: 1205807203</i></p>	<p><i>Spoken: Vietnamese</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>
<p><b>MANRIQUEZ-CASTILLO, ERENDIRA</b>  <i>Provider ID: 185268</i>  <i>Provider Gender: Female</i>  <i>License Number: A75533</i>  <i>NPI: 1356397418</i></p>	<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL</i></p>	<p> 3514 30TH ST  SAN DIEGO, CA 92104   <i>Phone: (619) 515-2424</i>   <i>After Hours Phone: (619) 515-2424</i></p>
<p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO</i></p>	<p><i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b>   7910 FROST ST STE 400  SAN DIEGO, CA 92123   <i>Phone: (858) 495-0500</i>  <i>Fax: (858) 560-4279</i>   <i>After Hours Phone: (858) 495-0500</i></p>	<p> <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\18</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-TH 8AM-5PM</i></p>
<p><i>Board Certified Specialty: No</i>  <b>LA MAESTRA FAMILY CLINIC</b>   4060 FAIRMOUNT AVE  SAN DIEGO, CA 92105   <i>Phone: (619) 255-9155</i>   <i>After Hours Phone: (619) 255-9155</i>   <i>Website: www.lamaestra.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<hr/> <b>PEDIATRICS</b> <hr/>	<hr/> <b>PEDIATRICS</b> <hr/>
<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-6PM SA 8AM-2PM</i></p>	<p><b>NGUYEN, JANICE</b>  <i>Provider ID: 416831</i>  <i>Provider Gender: Female</i>  <i>License Number: A157335</i>  <i>NPI: 1760916589</i>   <i>Provider English Spoken: Y</i></p>	<p><b>PARK, TARI</b>  <i>Provider ID: 237711</i>  <i>Provider Gender: Female</i>  <i>NPI: 1285669085</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Korean</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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**PEDIATRICS**

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**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



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM SA 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.







## C. Directorio de atención primaria


SAN DIEGO, CA 92114  
 Phone: (619) 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](http://www.syhealth.org/clinics/king-chavez-healt)



h-center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **SPITZER, MARSHA**

Provider ID: 417429

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Female

License Number: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-5PM

### PEDIATRICS

#### TAMAYO, MAITHE

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](http://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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (858) 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: 233532

Provider Gender: Female

License Number: A94449

NPI: 1851599872



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.







## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No 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





#### WONG, YOLANDA

*Provider ID: 482070*  
*Provider Gender: Female*  
*License Number: A94449*  
*NPI: 1851599872*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
 *After Hours Phone: (858) 810-8700*  
 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 8:30AM-5:30PM TU 8:30AM-9PM W-F 8:30AM-5:30PM SA 9AM-4PM*

### 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):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria


<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>NPI: 1346382611</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i></p>	<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>
<hr/>		
<b>PHYSICIANS ASSISTANT</b>		
<hr/>		
<p><b>ALVARADO, EDMUND</b>  <i>Provider ID: 419529</i>  <i>Provider Gender: Male</i>  <i>License Number: PA20888</i>  <i>NPI: 1720303340</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>	<p> <b>LA MAESTRA FAMILY CLINIC</b>   4060 FAIRMOUNT AVE            SAN DIEGO, CA 92105   <i>Phone: (619) 255-9155</i>   <i>After Hours Phone: (619) 255-9155</i>   <i>Website: www.lamaestra.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <hr/> <p><b>BHAGAN, SHANNA</b>  <i>Provider ID: 206362</i>  <i>Provider Gender: Female</i>  <i>License Number: PA59874</i>  <i>NPI: 1437635943</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>
<p> 2325 COMMERCIAL ST STE 1400            SAN DIEGO, CA 92113   <i>Phone: (619) 515-2422</i>   <i>After Hours Phone: (619) 515-2422</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-6PM SA 8AM-2PM</i></p> <hr/> <p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <hr/> <p><b>BHAGAN, SHANNA</b>  <i>Provider ID: 206362</i>  <i>Provider Gender: Female</i>  <i>License Number: PA59874</i>  <i>NPI: 1437635943</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i>  <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>	<p> 3544 30TH ST            SAN DIEGO, CA 92104   <i>Phone: (619) 515-2424</i>   <i>After Hours Phone: (619) 515-2424</i>   <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>
<hr/>		
<b>PHYSICIANS ASSISTANT</b>		
<hr/>		
<p><b>ARMENTA, JORGE</b>  <i>Provider ID: 185268</i>  <i>Provider Gender: Male</i>  <i>License Number: PA13694</i></p>	<p> 3544 30TH ST            SAN DIEGO, CA 92104   <i>Phone: (619) 515-2424</i>   <i>After Hours Phone: (619) 515-2424</i>   <i>Website: www.fhcsd.org</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>PHYSICIANS ASSISTANT</b></p> <hr/> <p><b>CASTILLO, PATRICIA</b>  <i>Provider ID: 206362</i>  <i>Provider Gender: Female</i>  <i>License Number: PA17220</i>  <i>NPI: 1376550657</i></p>


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Provider English Spoken: Y*  
*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, EDSEL**

*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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): NPI: 1922380328

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

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### 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):

N

 Accessibility: CONTACT PROVIDER

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### 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

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### 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

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### PHYSICIANS ASSISTANT

#### HOXMEIER, KRISTA

Provider ID: 418142

Provider Gender: Female

License Number: PA58505

NPI: 1104203454

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

SAN DIEGO

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

 After Hours Phone: (619)  
515-2454

 Website: www.fhcsd.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### PHYSICIANS ASSISTANT

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## C. Directorio de atención primaria

### 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: 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

### LLOYD, MATTHEW

Provider ID: 417429

Provider Gender: Male

License Number: PA62752

NPI: 1487307369

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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## C. Directorio de atención primaria

### FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619) 515-2525

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:30AM-5:30PM

#### PHYSICIANS ASSISTANT

##### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

#### PHYSICIANS ASSISTANT

##### LOPEZ, MARIO

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

#### PHYSICIANS ASSISTANT

##### MARTINEZ-MURGUIA, IRENE

Provider ID: 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](http://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](http://www.lamaestra.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): 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

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## C. Directorio de atención primaria

SA 9AM-1PM	FAMILY HEALTH CENTERS OF SAN DIEGO	PROVIDER
<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>POLLEY, SHANNON</b>  <i>Provider ID: 206363</i>  <i>Provider Gender: Female</i>  <i>License Number: PA60864</i>  <i>NPI: 1225608722</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 4725 MARKET ST  SAN DIEGO, CA 92102  <input type="phone"/> <i>Phone: (619) 515-2560</i>  <input type="clock"/> <i>After Hours Phone: (619) 515-2560</i>  <input type="globe"/> <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>  <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p> <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>QUICK, ELISABETH</b>  <i>Provider ID: 206360</i>  <i>Provider Gender: Female</i>  <i>License Number: PA21591</i>  <i>NPI: 1790055010</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i></p>	<p>1809 NATIONAL AVE  SAN DIEGO, CA 92113  <input type="phone"/> <i>Phone: (619) 515-2300</i>  <input type="clock"/> <i>After Hours Phone: (619) 515-2300</i>  <input type="globe"/> <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>  <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p> <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>RALL, EMILY</b>  <i>Provider ID: 227409</i>  <i>Provider Gender: Female</i>  <i>License Number: PA52141</i>  <i>NPI: 1407855828</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Board Certified Specialty: No</i></p> <p>IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 3177 OCEAN VIEW BLVD  SAN DIEGO, CA 92113  <input type="phone"/> <i>Phone: (619) 662-4100</i>  <input type="clock"/> <i>After Hours Phone: (619) 662-4100</i>  <input type="globe"/> <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>  <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i></p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>RASMUSSEN, DALE</b>  <i>Provider ID: 417429</i>  <i>Provider Gender: Male</i>  <i>License Number: PA54022</i>  <i>NPI: 1962880864</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: MERCY HOSPITAL OF FOLSOM</i>  <i>Board Certified Specialty: No</i></p> <p>FAMILY HEALTH CENTERS OF SAN DIEGO</p> <p><input type="checkbox"/> 1550 BROADWAY STE 2  SAN DIEGO, CA 92101  <input type="phone"/> <i>Phone: (619) 515-2525</i>  <input type="clock"/> <i>After Hours Phone: (619) 515-2525</i>  <input type="globe"/> <i>Website: www.fhcsd.org</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>  <input type="wheelchair"/> <i>Accessibility: CONTACT PROVIDER</i>  <input type="clock"/> <i>Hours: M-F 8:30AM-5:30PM</i></p> <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>SHELLIE, SCOTT</b>  <i>Provider ID: 417429</i>  <i>Provider Gender: Male</i>  <i>License Number: PA53288</i>  <i>NPI: 1699053843</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

### PHYSICIANS ASSISTANT

#### SHARPE, NORMA

Provider ID: 517403

Provider Gender: Female

License Number: PA20490

NPI: 1619100237

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

316 25TH ST  
SAN DIEGO, CA 92102

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N  
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: MT2061555

NPI: 1215264452

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### PHYSICIANS ASSISTANT

#### TOMASZEWSKI, DEBRA

Provider ID: 206363

Provider Gender: Female

License Number: PA58081

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria

American Sign Language (ASL): NPI: 1841472776

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

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### 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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

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### PHYSICIANS ASSISTANT

#### 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.operationsamahan.org](http://www.operationsamahan.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:30AM-5:30PM  
W 10AM-7PM  
TH-F 8:30AM-5:30PM

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### 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](http://www.fhcsd.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

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### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria


**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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### 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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:30PM

### PODIATRIST

#### **SCHNEIDER, SARAH**

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PODIATRIST

#### **SCHNEIDER, SARAH**

Provider ID: 417429

Provider Gender: Female


License Number: DPM4819


NPI: 1326282237

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)  
515-2525


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

### PODIATRIST

#### **SCHNEIDER, SARAH**

Provider ID: 206360

Provider Gender: Female


License Number: DPM4819


NPI: 1326282237

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PREVENTATIVE MEDICINE

#### GENERAL

#### **HILL, LINDA**

Provider ID: 206046

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Female

License Number: G41532

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### **HILL, LINDA**

Provider ID: 206046

Provider Gender: Female

License Number: G41532

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)

Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### 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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-9PM  
W-F 8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### **RISSER, JOSEPH**

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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 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](http://www.sdfamilycare.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### **RISSER, JOSEPH**

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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 9AM-4PM

### PREVENTATIVE MEDICINE

#### GENERAL


#### **ROMERO, CAMILA**


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](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

### PREVENTATIVE MEDICINE GENERAL


#### **ROMERO, CAMILA**


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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
UCSD MEDICAL CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 279-0377

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **BLOCKER, NIRIT**

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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-5PM

### **REGISTERED PHYSICAL THERAPIST**

#### **CUMMINGS, GEORGE**

Provider ID: 417937

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **REGISTERED PHYSICAL THERAPIST**

#### **HERMES, MARY**

Provider ID: 206360

Provider Gender: Female

License Number: PT24707

NPI: 1518028547

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

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## C. Directorio de atención primaria

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### 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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-9PM  
F 8AM-5PM

### REGISTERED PHYSICAL THERAPIST

#### **SALES, JAN ERIC**

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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-9PM  
F 8AM-5PM

### REGISTERED PHYSICAL THERAPIST

#### **SCHMIDT, BRYAN**

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](http://www.fhcsd.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### REGISTERED PHYSICAL THERAPIST

#### **TOVAR, NICOLE**

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### REGISTERED PHYSICAL THERAPIST


#### **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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-9PM  
 F 8AM-5PM

### RHEUMATOLOGY


#### **REDDY, DANA**

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,  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

Provider ID: 206360

Provider Gender: 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


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## C. Directorio de atención primaria

 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): NPI: 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 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): NPI: 1811262405

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 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **KOUSARI, JHALEH**


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 A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

#### **KOUSARI, JHALEH**


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 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): **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 A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**


---

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


**MACIAS, ALISSA**

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)

736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**MACIAS, ALISSA**

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

---

### **CERTIFIED REGISTERED** **NURSE MIDWIFE**

---

**BELANGER, TANYA**

Provider ID: 206426

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Female  
License Number: NM235844  
NPI: 1407287469


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER,

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### **CERTIFIED REGISTERED NURSE MIDWIFE**

#### **BELANGER, TANYA**

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  
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Min/Max Age: 0\None

American Sign Language (ASL):

N

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PROVIDER

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### **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  
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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

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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## C. Directorio de atención primaria

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**FAMILY PRACTICE**

**NATH, DEVARSHI**  
 Provider ID: 614511  
 Provider Gender: Male  
 License Number: C54157  
 NPI: 1275630618

Provider English Spoken: Y  
 Provider Language(s) Spoken: Bengali  
 Cultural Competency: N  
 Board Certified Specialty: No

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 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
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**FAMILY PRACTICE**

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 Provider ID: 614511  
 Provider Gender: Male  
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Provider English Spoken: Y  
 Provider Language(s) Spoken: Bengali  
 Cultural Competency: N  
 Board Certified Specialty: No

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 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

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**FQHC**

**TRUECARE,**  
 Provider ID: 614511  
 NPI: 1598484255

Provider English Spoken: Y  
 Cultural Competency: N

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 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

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**FQHC**

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**TRUECARE,**  
 Provider ID: 614511  
 NPI: 1811617939

Provider English Spoken: Y  
 Cultural Competency: N

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

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**FQHC**

**TRUECARE,**  
 Provider ID: 614511  
 NPI: 1245246917

Provider English Spoken: Y  
 Cultural Competency: N

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 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None


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## C. Directorio de atención primaria

American Sign Language (ASL): SAN MARCOS, CA 92069

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 A RD  
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 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### FQHC

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 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

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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

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 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### GENERAL PRACTICE

#### WITCZAK, IZABELA

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 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Polish

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## C. Directorio de atención primaria

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### GENERAL PRACTICE

#### WITCZAK, IZABELA

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Provider Gender: Female

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NPI: 1184735201

Provider English Spoken: Y

Provider Language(s)  
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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

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American Sign Language (ASL):  
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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  
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Min/Max Age: 0\None

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PROVIDER

Hours: M-F 8AM-5PM  
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### INTERNAL MEDICINE

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## C. Directorio de atención primaria

### **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  
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Website: www.ihpsocal.org

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-5PM

### **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  
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Medi-Cal Open Panel: Yes

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American Sign Language (ASL):

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Accessibility: CONTACT  
PROVIDER

### **INTERNAL MEDICINE**

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Provider ID: 206426

Provider Gender: Male

License Number: G74757

NPI: 1467485078

Provider English Spoken: Y

Provider Language(s)  
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Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

### **MOSTOFIAN, EIMANEH**

Provider ID: 206426







Provider Gender: Female



License Number: A97181

NPI: 1154477628

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## C. Directorio de atención primaria



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER, TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
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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  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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 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  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
SA 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  
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736-6767  
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Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
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PROVIDER

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## C. Directorio de atención primaria

### **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

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

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### **OBSTETRICS / GYNECOLOGY**


#### **POUNTNEY, MARLENE**


Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

 Provider English Spoken: Y

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Cultural Competency: N

Hospital Affiliation: TRI CITY


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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

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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

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## C. Directorio de atención primaria

### PEDIATRICS

#### **MALHOTRA, ARATI**

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **MALHOTRA, ARATI**

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 VALPREDA RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM

### PEDIATRICS

#### **MATIAS, JULIE**

Provider ID: 661065

Provider Gender: Female

NPI: 1083094510

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

150 VALPREDA 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


### PEDIATRICS

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER




### PEDIATRICS


#### **POSADAS, EMERITO**

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](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER



### PEDIATRICS

#### **QUINTERO, CAROLYN**


Provider ID: 614767  
 Provider Gender: Female  
 NPI: 1023033156

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Afar, Spanish


Cultural Competency: N  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

 Website: N/A  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM  
 SA 8AM-5PM

### PEDIATRICS



#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS


#### **SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

### PEDIATRICS


#### **SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female

License Number: G71182

NPI: 1740295229

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760) 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


### PEDIATRICS

#### **SOCHA, TRACI**

Provider ID: 428861

Provider Gender: Female


NPI: 1669478616


 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK

 1582 W SAN MARCOS  
BLVD STE 203  
SAN MARCOS, CA 92078

 Phone: (760) 744-6710

Fax: (760) 744-6156

 After Hours Phone: (760) 744-6710


 Website: N/A

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-4:45PM

### PHYSICIANS ASSISTANT

#### **BERNARDO, RACHELLE**

Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP








 1595 GRAND AVE STE 106

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria








SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**


**BERNARDO, RACHELLE**  
 Provider ID: 614511  
 Provider Gender: Female  
 License Number: PA17718  
 NPI: 1821237678  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 1595 GRAND AVE STE 106 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER






### *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](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

**CHISWICK, GARY**  
 Provider ID: 206426  
 Provider Gender: Male  
 License Number: PA22667  
 NPI: 1174964001  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation:  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 150 VALPREDA RD SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

**CHISWICK, GARY**  
 Provider ID: 206426  
 Provider Gender: Male  
 License Number: PA22667  
 NPI: 1174964001  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 150 VALPREDA RD SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

American Sign Language (ASL): Cultural Competency: N

N

 Accessibility: CONTACT PROVIDER

---

### 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):  
N

 Accessibility: CONTACT PROVIDER

---

### PHYSICIANS ASSISTANT

#### KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male


License Number: PA17101


NPI: 1316947302

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

---

### PHYSICIANS ASSISTANT

#### KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male


License Number: PA17101


NPI: 1316947302

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

---

### PHYSICIANS ASSISTANT

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

IHP OF SOUTHERN CAL-PHP 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):

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):

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 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 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

### PHYSICIANS ASSISTANT


#### SPENCE, JAMIE

Provider ID: 206426

Provider Gender: Female

License Number: PA21723

NPI: 1518133032

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT


#### SPENCE, JAMIE

Provider ID: 206426

Provider Gender: Female

License Number: PA21723

NPI: 1518133032

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### SPENCE, JAMIE

Provider ID: 206426

Provider Gender: Female

License Number: PA21723

NPI: 1518133032


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### TAHRIRI, BAHAREH

Provider ID: 206426

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-5PM

### PHYSICIANS ASSISTANT

**TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-5PM

### PHYSICIANS ASSISTANT

**TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM  
SA 8AM-5PM

### PODIATRIST

**DASGUPTA, DEBORSHI**

Provider ID: 614511

Provider Gender: Male

License Number: DPM5542

NPI: 1598129223

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali, Hindi,  
Spanish

Cultural Competency: N

Hospital Affiliation: CLOVIS

COMMUNITY HOSPITAL,  
COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
FRESNO HEART AND  
SURGICAL HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

Phone: (760) 736-6767

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

### PODIATRIST

**DASGUPTA, DEBORSHI**

Provider ID: 614511

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Male  
 License Number: 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



 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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **GUADARRAMA, IGNACIO**

Provider ID: 227469  
 Provider Gender: Male

License Number: NP95003671  
 NPI: 1821331174

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP


 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

### CERTIFIED NURSE PRACTITIONER

#### **HACINAS, REYNALDO**

























Provider ID: 206292  
 Provider Gender: Male  
 License Number: NP95003024  
 NPI: 1215304860

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>662-4100   Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER</p>	<p>American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER</p>	<p>SA 8:30AM-2PM</p>
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<p><b>IBARRA, MARTHA</b>            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: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b>  <b>IBARRA, MARTHA</b>            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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5:30PM</p>	<p><b><u>CERTIFIED NURSE PRACTITIONER</u></b>  <b>KANTAS, PARIS</b>            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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</p> <p><b><u>CERTIFIED NURSE PRACTITIONER</u></b>  <b>ORDINANZA, MYLENE</b>            Provider ID: 227469</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Female


License Number: NP95019995


NPI: 1265019061

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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### CERTIFIED NURSE PRACTITIONER

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**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

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### CERTIFIED NURSE PRACTITIONER

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**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

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### CHIROPRACTOR

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**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### ENDOCRINOLOGY

### METABOLISM DIABETES


#### **CRUZ, MICHAEL**

Provider ID: 206292

Provider Gender: Male

License Number: A138772

NPI: 1265851133





 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### **ALGHAMDI, ASMA**

Provider ID: 227469


Provider Gender: Female


License Number: A167529


NPI: 1316310840

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE


#### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 206292

Provider Gender: Male

License Number: A157505

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY


HOSPITAL, PARADISE VALLEY  
HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, PARADISE VALLEY  
HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

### **FAMILY PRACTICE**


#### **ARRIETA, NOEMI**

Provider ID: 206292

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**


#### **BAUM, PETER**

Provider ID: 227411

Provider Gender: Male

License Number: 20A14949

NPI: 1174919971


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

### **FAMILY PRACTICE**

#### **BORSAN, COSMIN**

Provider ID: 206292

Provider Gender: Male

License Number: 20A17643


NPI: 1679060255


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Romanian


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **CAMPOS, MELISSA**

Provider ID: 227411


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider Gender: Female

License Number: A138474

NPI: 1427475318

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinic/s/maternal-child-health-center](http://syhealth.org/clinic/s/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

**CARRIEDO-CENICEROS,**

**MARIA**


Provider ID: 206292

Provider Gender: Female

License Number: A78373

NPI: 1295746618

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**


**CASTILLO, STEPHANIE**

Provider ID: 206292

Provider Gender: Female

License Number: A159673

NPI: 1902330723

 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**

**CEVALLOS, JAMES**

Provider ID: 206292

Provider Gender: Male

License Number: A55469

NPI: 1720181829

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **CORONADO, MYRNA**

*Provider ID: 206292*

*Provider Gender: Female*

*License Number: A112627*

*NPI: 1710147566*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **CORONADO, MYRNA**

*Provider ID: 227411*

*Provider Gender: Female*

*License Number: A112627*

*NPI: 1710147566*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4050 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **DALUGDUGAN, ESTHER**


*Provider ID: 206292*

*Provider Gender: Female*

*License Number: A112511*

*NPI: 1962662718*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Tagalog*

*Cultural Competency: N*


*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*


 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)*

*662-4100*

 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **FAMILY PRACTICE**


#### **DAVIS, CHARLES**

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: G41219*

*NPI: 1194840231*


 *Provider English Spoken: Y*


*Cultural Competency: N*


*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### FAMILY PRACTICE

#### 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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### FAMILY PRACTICE

#### HEINRICI, ALEKA

Provider ID: 206292

Provider Gender: Female

License Number: A125329

NPI: 1780979120

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

American Sign Language (ASL): License Number: 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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### **FAMILY PRACTICE**


#### **KAUFHOLD, ANNE**


Provider ID: 206292

Provider Gender: Female

License Number: A88893

NPI: 1164508073

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA


Board Certified Specialty: No


IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)






























Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p><b>FAMILY PRACTICE</b></p> <p><b>LARA, LESLEY</b>  <i>Provider ID: 206292</i>  <i>Provider Gender: Female</i>  <i>License Number: A173435</i>  <i>NPI: 1184112682</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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: SU 10AM-4PM</i>  <i>M-F 8:30AM-5:30PM</i>  <i>SA 8AM-2:30PM</i></p> <hr/> <p><b>FAMILY PRACTICE</b></p> <p><b>LEE, JOSEPH</b>  <i>Provider ID: 206292</i>  <i>Provider Gender: Male</i></p>	<p><i>License Number: A164201</i>  <i>NPI: 1417480948</i></p> <p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: ST ELIZABETH HOSP</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>Fax: (619) 205-6341</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5:30PM</i>  <i>SA 8:30AM-2PM</i></p> <hr/> <p><b>FAMILY PRACTICE</b></p> <p><b>LEE, JOSEPH</b>  <i>Provider ID: 227469</i>  <i>Provider Gender: Male</i>  <i>License Number: A164201</i>  <i>NPI: 1417480948</i></p> <p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i></p>	<p><i>Hospital Affiliation: ST ELIZABETH HOSP</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: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p> <hr/> <p><b>FAMILY PRACTICE</b></p> <p><b>LEPEZ, DAVID</b>  <i>Provider ID: 206292</i>  <i>Provider Gender: Male</i>  <i>License Number: A130348</i>  <i>NPI: 1205196029</i></p> <p> <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA</i>  <i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD  SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i></p>
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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</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-5:30PM SA 8:30AM-2PM</p>	<p>PROVIDER</p> <hr/> <p><b>FAMILY PRACTICE</b></p> <p><b>NAVARRO, VANESSA MARIA</b></p> <p>Provider ID: 227469</p> <p>Provider Gender: Female</p> <p>License Number: A113624</p> <p>NPI: 1952563421</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Filipino, Spanish, Tagalog</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>
<p><b>FAMILY PRACTICE</b></p> <p><b>LEUTE, ERIC</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Male</p> <p>License Number: A80832</p> <p>NPI: 1720171507</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, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></p> <p>Medi-Cal Open Panel: Yes</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>MOYA, MARY</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A80185</p> <p>NPI: 1093844417</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0\None</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p><b>FAMILY PRACTICE</b></p> <p><b>NGUYEN, CARIE</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p>

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## C. Directorio de atención primaria

License Number: A106103


NPI: 1174781132


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**


#### **NIKZAD, JASON**

Provider ID: 206292

Provider Gender: Male

License Number: 20A12653

NPI: 1508121674


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**


#### **ORTEGA, LUIS**

Provider ID: 206292

Provider Gender: Male

License Number: A180886

NPI: 1558924936


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### **FAMILY PRACTICE**

#### **ORTIZ, KENNETH**

Provider ID: 206292

Provider Gender: Male

License Number: A156607


NPI: 1356761571


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)






























Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


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## C. Directorio de atención primaria

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>RAJAIPOUR, NEGIN</b></p> <p><i>Provider ID: 206292</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: A145480</i></p> <p><i>NPI: 1508286709</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Farsi, Persian</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: CHULA VISTA COMM HOSP</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5:30PM SA 8:30AM-2PM</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>RAJAIPOUR, NEGIN</b></p> <p><i>Provider ID: 227469</i></p>	<p><i>Provider Gender: Female</i></p> <p><i>License Number: A145480</i></p> <p><i>NPI: 1508286709</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Farsi, Persian</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: CHULA VISTA COMM HOSP</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 3364 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: https://www.syhealth.org/locations</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>RITTER, STEVEN</b></p> <p><i>Provider ID: 206292</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: 20A7435</i></p> <p><i>NPI: 1356556021</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p>	<p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <hr/> <p style="text-align: center;"><b>FAMILY PRACTICE</b></p> <hr/> <p><b>ROJAS, STEVEN</b></p> <p><i>Provider ID: 206292</i></p> <p><i>Provider Gender: Male</i></p> <p><i>License Number: A132982</i></p> <p><i>NPI: 1801230297</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> <i>Phone: (619) 662-4100</i></p> <p> <i>After Hours Phone: (619) 662-4100</i></p> <p> <i>Website: www.syhealth.org /clinics/san-ysidro-health-center</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT</i></p>
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## C. Directorio de atención primaria

**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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### **FAMILY PRACTICE**


#### **ROSENBAUM, HERBERT**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A169694

NPI: 1922532712  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER




 Hours: M-F 8AM-5:30PM  
 SA 8:30AM-2PM

### **FAMILY PRACTICE**


#### **SALEM, RAMSEY**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A158364  
 NPI: 1245401298


 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER




### **FAMILY PRACTICE**


#### **SHAHTAJI, ALAN**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: 20A11087  
 NPI: 1972751089

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

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## C. Directorio de atención primaria

 *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*


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## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

### FAMILY PRACTICE

#### TAN, LO FU

Provider ID: 227469

Provider Gender: Male


License Number: C170935


NPI: 1356314835

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE



#### TREJO, RAUL

Provider ID: 206292

Provider Gender: Male

License Number: A77936

NPI: 1174534184


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### UTZ, JACK

Provider ID: 206292

Provider Gender: Male

License Number: A183145

NPI: 1194353094


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### 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

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## C. Directorio de atención primaria

### MEMORIAL HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### FAMILY PRACTICE

#### VELASQUEZ, SHARON

Provider ID: 206292

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FQHC

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,

Provider ID: 227411

NPI: 1558852947

Provider English Spoken: Y  
Cultural Competency: N  
IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1967

After Hours Phone: (619) 662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

### 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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### FQHC

#### SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,

Provider ID: 227469

NPI: 1801438239


Provider English Spoken: Y  
Cultural Competency: N


IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD  
SAN YSIDRO, CA 92173


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 662-4100

 Fax: (619) 600-4870

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### GENERAL PRACTICE


#### **REYNAGA, JOSUE**

Provider ID: 206292

Provider Gender: Male

License Number: A181644

NPI: 1356929111

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### GENERAL PRACTICE


#### **TEJEDA, FRANCISCO**

Provider ID: 206292

Provider Gender: Male

License Number: A66885

NPI: 1407940075

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### GYNECOLOGY

#### **CALDERON, JORGE**

Provider ID: 206292

Provider Gender: Male

License Number: A40480

NPI: 1407800881

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA


VISTA, LOMPOC VALLEY


MEDICAL CENTER


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

### INFECTIOUS DISEASE

#### **PROMER, KATHERINE**

Provider ID: 206292

Provider Gender: Female


License Number: A131952

NPI: 1306280607



 Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



 *Provider Language(s)*  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL  
HOSPITAL, PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM


### INTERNAL MEDICINE

#### ALDOUS, JEANNETTE

Provider ID: 206292  
Provider Gender: Female  
License Number: A101017  
NPI: 1073650339  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
Spoken: Spanish



Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### CHEN, TSUH-YIN

Provider ID: 206292  
Provider Gender: Female  
License Number: C55563  
NPI: 1093803520  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
Spoken: Portuguese,  
Spanish

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### CHOW, MAN HUNG





Provider ID: 227469  
Provider Gender: Female  
License Number: G66745  
NPI: 1225149115

 *Provider English Spoken:* Y  
 *Provider Language(s)*  
Spoken: Chinese, Mandarin  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria





 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <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](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER







### INTERNAL MEDICINE

**DILLON, BENEDICT**  
 Provider ID: 227411  
 Provider Gender: Male  
 License Number: A111118  
 NPI: 1710142708  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, CHULA VISTA COMM HOSP  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

**HURST, MICHAEL**  
 Provider ID: 206292  
 Provider Gender: Male  
 License Number: 20A8081  
 NPI: 1205893104  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SUTTER TRACY COMMUNITY HOSP, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-8PM SA 8AM-2PM

### INTERNAL MEDICINE

**KAUFER, DAVID**  
 Provider ID: 206292  
 Provider Gender: Male  
 License Number: G80107

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

NPI: 1710082789

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### INTERNAL MEDICINE

#### KAUFER, DAVID

Provider ID: 227469

Provider Gender: Male

License Number: G80107

NPI: 1710082789

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### LAMANTIA, MICHELE

Provider ID: 206292

Provider Gender: Female

License Number: G71855

NPI: 1124176102

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### 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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### PARK, DANIEL

Provider ID: 206292

Provider Gender: Male

License Number: A99433


NPI: 1538371844

Provider English Spoken: Y



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## C. Directorio de atención primaria

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)



Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
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](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


### INTERNAL MEDICINE


#### RAMIREZ SANCHEZ, CLAUDIA

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](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### REDDY, SAMATHHA


























Provider ID: 227469  
Provider Gender: Female  
License Number: A120797  
NPI: 1659620854  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Hindi,  
Punjabi, Spanish, Telugu  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

<p>N   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>Provider Gender: Female</i>  <i>License Number: G81461</i>  <i>NPI: 1821299520</i></p>	<p><i>SCRIPPS MERCY HOSPITAL</i>  <i>CHULA VISTA</i>  <i>Board Certified Specialty: No</i></p>
<hr/>		
<b>INTERNAL MEDICINE</b>		
<hr/>		
<p><b>SALERNO, MARIANA</b>  <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>Board Certified Specialty: No</i>  <i>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: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></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</i>  <i>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: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>
<hr/>		
<b>INTERNAL MEDICINE</b>		
<p> 4004 BEYER BLVD  SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>   <i>After Hours Phone: (619) 662-4100</i>   <i>Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></i></p>	<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><hr/><b>INTERNAL MEDICINE</b>  <hr/><b>SY, RAMON</b>  <i>Provider ID: 227469</i>  <i>Provider Gender: Male</i>  <i>License Number: A51843</i>  <i>NPI: 1982617403</i></p>
<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i></p>	<p><hr/><b>INTERNAL MEDICINE</b>  <hr/><b>SHEIKH MOHAMED, AMIRA</b>  <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: Spanish, Tagalog</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SHARP</i></p>
<p><hr/><b>INTERNAL MEDICINE</b>  <hr/><b>SCHNEIDER-MUNOZ, MARGARITA</b>  <i>Provider ID: 206292</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>CHULA VISTA MED CTR,</i>  <i>SCRIPPS MERCY HOSPITAL</i>  <i>CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL,</i>  <i>PARADISE VALLEY HOSPITAL</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE


#### **VELAZQUEZ CAMARENA, MARIA**

Provider ID: 206292

Provider Gender: Female

License Number: A56153

NPI: 1518965714

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### INTERNAL MEDICINE

#### **WEN, AKI YEN CHANG**

Provider ID: 227411


Provider Gender: Male


License Number: 20A12555


NPI: 1205126505


 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
 662-4100


 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### INTERNAL MEDICINE

### GERIATRIC MEDICINE

#### **PANDIT, IVY**

Provider ID: 206292

Provider Gender: Female

License Number: C53735

NPI: 1891796165

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL


RIVERSIDE, RIVERSIDE


COUNTY REGIONAL MED CTR

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173

 Phone: (619) 205-1950

 After Hours Phone: (619)  
 205-1950


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Spoken: Farsi, Persian  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Adventist Health and Rideout, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY** **ANDERSON, MANDY**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A113914  
 NPI: 1982812392  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5PM

### **OBSTETRICS / GYNECOLOGY**

**BERGGREN, ERICA**  
 Provider ID: 227411  
 Provider Gender: Female  
 License Number: C158543  
 NPI: 1912159674  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Hospital Affiliation: ST  
JOSEPHS MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

### **OBSTETRICS / GYNECOLOGY**


#### **CARR, MIANDA**

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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**


#### **CARSON, LATISA**

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](http://www.syhealth.org)

/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 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](http://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](http://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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **GOLDSTEIN, EDWARD**

*Provider ID: 227411*

*Provider Gender: Male*

*License Number: G20087*

*NPI: 1982617494*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL, SHARP*

*CHULA VISTA MED CTR,*

*SCRIPPS MERCY HOSPITAL*

*CHULA VISTA, SCRIPPS*

*MEMORIAL HOSPITAL,*


*SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*


 *4050 BEYER BLVD*

*SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

*Fax: (619) 205-1948*

 *After Hours Phone: (619) 662-4100*


 *Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

### **OBSTETRICS / GYNECOLOGY**


#### **GOMEZ, DANIELA**

*Provider ID: 227411*

*Provider Gender: Female*

*License Number: A175006*

*NPI: 1255878997*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Board Certified Specialty: No*


*IHP OF SOUTHERN CAL-PHP*

 *4050 BEYER BLVD*

*SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:30AM-5PM*

### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

*Provider ID: 206292*

*Provider Gender: Female*

*License Number: A175006*

*NPI: 1255878997*

 *Provider English Spoken: Y*

 *Provider Language(s)*

*Spoken: Spanish*


*Cultural Competency: N*


*Board Certified Specialty: No*


*IHP OF SOUTHERN CAL-PHP*

 *4004 BEYER BLVD*

*SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*

### **OBSTETRICS / GYNECOLOGY**

#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**MENDEZ, DIEGO**

Provider ID: 227411

Provider Gender: Male

License Number: A47906

NPI: 1437181922

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, BAKERSFIELD

MEMORIAL HOSP, SHARP

MEMORIAL HOSPITAL,

Adventist Health Bakersfield,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, KERN MEDICAL

CENTER, KERN MEDICAL

CENTER

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**SEFA-BOAKYE, KOFI**

Provider ID: 206292

Provider Gender: Male

License Number: G59670

NPI: 1902993660

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP CORONADO HOSP

AND HEALTHCARE CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

**SHORT, ABIADÉ**

Provider ID: 206292

Provider Gender: Male

License Number: A114893

NPI: 1750559589

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD  
SAN YSIDRO, CA 92173



























Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

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## C. Directorio de atención primaria

<p><i>/clinics/san-ysidro-health-center</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p> <i>Provider Language(s) Spoken: Spanish, Tagalog</i></p>	
<p><i>Medi-Cal Open Panel: Yes</i></p>	<hr/> <p><b>PEDIATRICS</b></p> <hr/>		
<p><i>Min/Max Age: 0\None</i></p>	<p><b>ACEVEDO, SUSANA</b></p>	<p><i>Cultural Competency: N</i></p>	
<p><i>American Sign Language (ASL): N</i></p>	<p><i>Provider ID: 227411</i></p>	<p><i>Hospital Affiliation: SHARP CHULA VISTA MED CTR</i></p>	
<p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>Provider Gender: Female</i></p>	<p><i>Board Certified Specialty: No</i></p>	
<hr/> <p><b>OPHTHALMOLOGY</b></p> <hr/>			
<p><b>SKAF, AYHAM</b></p>	<p><i>License Number: A74960</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i></p>	
<p><i>Provider ID: 227469</i></p>	<p><i>NPI: 1801971569</i></p>	<p> <i>4050 BEYER BLVD</i></p>	
<p><i>Provider Gender: Male</i></p>	<p> <i>Provider English Spoken: Y</i></p>	<p><i>SAN YSIDRO, CA 92173</i></p>	
<p><i>License Number: A120584</i></p>	<p> <i>Provider Language(s) Spoken: Spanish</i></p>	<p> <i>Phone: (619) 662-4100</i></p>	
<p><i>NPI: 1285888628</i></p>	<p><i>Cultural Competency: N</i></p>	<p><i>Fax: (619) 205-1948</i></p>	
<p> <i>Provider English Spoken: Y</i></p>	<p><i>Board Certified Specialty: No</i></p>	<p> <i>After Hours Phone: (619) 662-4100</i></p>	
<p> <i>Provider Language(s) Spoken: Arabic, Spanish</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i></p>	<p> <i>Website: syhealth.org/clinic</i></p>	
<p><i>Cultural Competency: N</i></p>	<p> <i>4050 BEYER BLVD</i></p>	<p><i>s/maternal-child-health-center</i></p>	
<p><i>Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL</i></p>	<p><i>SAN YSIDRO, CA 92173</i></p>	<p><i>Medi-Cal Open Panel: Yes</i></p>	
<p><i>Board Certified Specialty: No</i></p>	<p> <i>Phone: (619) 662-4100</i></p>	<p><i>Min/Max Age: 0\None</i></p>	
<p><i>IHP OF SOUTHERN CAL-PHP</i></p>	<p> <i>After Hours Phone: (619) 662-4100</i></p>	<p><i>American Sign Language (ASL): N</i></p>	
<p> <i>3364 BEYER BLVD</i></p>	<p> <i>Website: syhealth.org/clinic</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p>	
<p><i>SAN YSIDRO, CA 92173</i></p>	<p><i>s/maternal-child-health-center</i></p>	<hr/> <p><b>PEDIATRICS</b></p> <hr/>	
<p><i>Phone: (619) 662-4100</i></p>	<p><i>Medi-Cal Open Panel: Yes</i></p>	<p><b>BARBADILLO, FERDINAND</b></p>	
<p> <i>After Hours Phone: (619) 662-4100</i></p>	<p><i>Min/Max Age: 0\None</i></p>	<p><i>Provider ID: 206292</i></p>	
<p> <i>Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></i></p>	<p><i>American Sign Language (ASL): N</i></p>	<p><i>Provider Gender: Male</i></p>	
<p><i>Medi-Cal Open Panel: Yes</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>License Number: A49307</i></p>	
<p><i>Min/Max Age: 0\None</i></p>	<hr/> <p><b>PEDIATRICS</b></p> <hr/>		
<p><i>American Sign Language (ASL): N</i></p>	<p><b>BARBADILLO, FERDINAND</b></p>	<p> <i>Provider English Spoken: Y</i></p>	
<p> <i>3364 BEYER BLVD</i></p>	<p><i>Provider ID: 227411</i></p>	<p> <i>Provider Language(s) Spoken: Spanish, Tagalog</i></p>	
<p><i>SAN YSIDRO, CA 92173</i></p>	<p><i>Provider Gender: Male</i></p>	<p><i>Cultural Competency: N</i></p>	
<p><i>Phone: (619) 662-4100</i></p>	<p><i>License Number: A49307</i></p>	<p><i>Hospital Affiliation: SHARP CHULA VISTA MED CTR</i></p>	
<p> <i>After Hours Phone: (619) 662-4100</i></p>	<p><i>NPI: 1982662193</i></p>	<p><i>Board Certified Specialty: No</i></p>	
<p> <i>Website: <a href="https://www.syhealth.org/locations">https://www.syhealth.org/locations</a></i></p>	<p> <i>Provider English Spoken: Y</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i></p>	
<p><i>Medi-Cal Open Panel: Yes</i></p>			
<p><i>Min/Max Age: 0\None</i></p>			
<p><i>American Sign Language (ASL): N</i></p>			

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## C. Directorio de atención primaria

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

### PEDIATRICS


#### **CABARLO, JEHRIB**


Provider ID: 227411

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

 Provider English Spoken: Y



 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinic](http://syhealth.org/clinic)

*s/maternal- child- health-  
center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### 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](http://syhealth.org/clinic)  
*s/maternal- child- health-  
center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### 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](http://syhealth.org/clinic)  
*s/maternal- child- health-  
center*

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### 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

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## C. Directorio de atención primaria

MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### PEDIATRICS

#### HERMAN, ANDREA

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](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### NISSAN, BETI

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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5:30PM  
SA 8:30AM-2PM

### PEDIATRICS

#### 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](http://www.syhealth.org)






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## C. Directorio de atención primaria

<p><i>/clinics/san-ysidro-health-center</i></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>PROVIDER</p> <hr/> <p><b>PEDIATRICS</b></p> <p><b>RUELAS, ROBERTO</b></p> <p>Provider ID: 227411</p> <p>Provider Gender: Male</p> <p>License Number: A170141</p> <p>NPI: 1194257386</p> <p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 4050 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a></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>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 4050 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p>Fax: (619) 205-1948</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a></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><b>PEDIATRICS</b></p> <p><b>RODRIGUEZ, ALDO</b></p> <p>Provider ID: 227411</p> <p>Provider Gender: Male</p> <p>License Number: A134995</p> <p>NPI: 1508209651</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Portuguese, Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 4050 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: <a href="http://syhealth.org/clinics/maternal-child-health-center">syhealth.org/clinics/maternal-child-health-center</a></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><b>PEDIATRICS</b></p> <p><b>SAHMS, TIMOTHY</b></p> <p>Provider ID: 227411</p> <p>Provider Gender: Male</p> <p>License Number: G51462</p> <p>NPI: 1780697276</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p>	<p><b>PEDIATRICS</b></p> <p><b>SAHMS, TIMOTHY</b></p> <p>Provider ID: 206292</p> <p>Provider Gender: Male</p> <p>License Number: G51462</p> <p>NPI: 1780697276</p> <p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</p> <p>Board Certified Specialty: No</p> <p>IHP OF SOUTHERN CAL-PHP</p> <p> 4004 BEYER BLVD</p>





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## C. Directorio de atención primaria

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-7:30PM  
 SA 8:30AM-2PM

### PEDIATRICS






#### SHAHIDYAZDANI, TINA


Provider ID: 227411  
 Provider Gender: Female  
 License Number: A94813  
 NPI: 1891924858  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER

### PEDIATRICS

#### SULLIVAN, ELISSA



Provider ID: 227411  
 Provider Gender: Female  
 License Number: A169577  
 NPI: 1790216422  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

### PEDIATRICS





#### TAYLOR, TASHA

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A82187  
 NPI: 1528144433  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR, UCSD MEDICAL CTR  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-1948  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


### PHYSICIANS ASSISTANT

#### BUCKNER, JOSEPH

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)

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## C. Directorio de atención primaria

662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT


#### GI, HUNG


Provider ID: 206292

Provider Gender: Male

License Number: PA16994

NPI: 1023207404


 Provider English Spoken: Y


 Provider Language(s) Spoken: Chinese, French, Spanish


Cultural Competency: N

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT


#### HARMIS, NATASHA

Provider ID: 227469

Provider Gender: Female

License Number: PA58672


NPI: 1013516996


 Provider English Spoken: Y


Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

### PHYSICIANS ASSISTANT


#### KAMOTO, LYNN

Provider ID: 206292

Provider Gender: Female

License Number: PA17162

NPI: 1447326459


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### PHYSICIANS ASSISTANT

#### 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](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## C. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **ROSS, COLLIN**

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: PA16058*


*NPI: 1629182050*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

*Provider ID: 206292*

*Provider Gender: Female*

*License Number: PA20490*


*NPI: 1619100237*


*Provider English Spoken: Y*


*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **SMITH, DOUGLAS**

*Provider ID: 206292*

*Provider Gender: Male*

*License Number: PA12304*


*NPI: 1902016611*


*Provider English Spoken: Y*


*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

---

### **PHYSICIANS ASSISTANT**

#### **SUNA-SITTO, MOHEEN**

*Provider ID: 227469*

*Provider Gender: Female*

*License Number: PA22855*


*NPI: 1497196729*


*Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: <https://www.syhealth.org/locations>*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *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)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### PODIATRIST

#### MANCHEL, BRUCE

Provider ID: 227469  
Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100

After Hours Phone: (619) 662-4100  
Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### PODIATRIST

#### MANCHEL, BRUCE

Provider ID: 206292  
Provider Gender: Male  
License Number: DPM2930  
NPI: 1790890788  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-6341  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### REGISTERED PHYSICAL THERAPIST

#### SHAUF, JOANN

Provider ID: 206292  
Provider Gender: Female  
License Number: PT296607  
NPI: 1134732522  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

### SPEECH PATHOLOGIST

#### HILL, CARLA


Provider ID: 206292  
Provider Gender: Female  
License Number: SP9075  
NPI: 1043950751


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

### **SURGERY GENERAL**

#### **OKWUOSA, CHRIS**

*Provider ID: 206292*

*Provider Gender: Male*


*License Number: A170738*


*NPI: 1114336260*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: Providence St Mary Medical Center*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health*


*- center*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5:30PM SA 8:30AM-2PM*

### **SANTEE**

#### **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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 120 TOWN CENTER PKWY  
 SANTEE, CA 92071  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM



### **FQHC**

#### **SAN YSIDRO HEALTH SANTEE FAMILY MEDICINE,**






Provider ID: 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](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM

### **INTERNAL MEDICINE**

#### **CORBIN, DAVID**


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](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM



### **INTERNAL MEDICINE**

#### **GUERRA, JACQUELINE**

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](http://www.syhealth.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 10:30AM-11:45AM


### **PEDIATRICS**

#### **ARLATA, TAMANTHA**

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

 Phone: (619) 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

### 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

### **SPRING VALLEY**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Cultural Competency: N  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### 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](http://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](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

#### CONSTANTINO, STEPHANIE

Provider ID: 206361

Provider Gender: Female

License Number: A149063

NPI: 1366824971

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-7PM

W-F 8:30AM-5:30PM

### FAMILY PRACTICE

#### ROSE, PATRICIA

Provider ID: 206361

Provider Gender: Female

License Number: A76059

NPI: 1588677314






Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA 91977


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria



 Phone: (619) 515-2555  
 After Hours Phone: (619) 515-2555  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-7PM  
 W-F 8:30AM-5:30PM

### FQHC


#### **GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,**

Provider ID: 206361  
 NPI: 1508801069  
 Provider English Spoken: Y  
 Cultural Competency: N  
 FAMILY HEALTH CENTERS OF SAN DIEGO

 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977


 Phone: (619) 515-2555  
 Fax: (619) 462-5584

 After Hours Phone: (619) 515-2555

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### OBSTETRICS / GYNECOLOGY



#### **CARTER, KHALIL**

Provider ID: 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-7PM  
 W-F 8:30AM-5:30PM

### OBSTETRICS / GYNECOLOGY

#### **CHAKRABARTI, PRIYA**

Provider ID: 206361

Provider Gender: Female


License Number: A163464

NPI: 1326531401


 Provider English Spoken: Y


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## C. Directorio de atención primaria

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## C. Directorio de atención primaria

 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: 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):*

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## C. Directorio de atención primaria

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*


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### **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*

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### **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*




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### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

8:30AM-5:30PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

### 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](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8AM-5PM

TU 10:30AM-7:30PM

W-F 8AM-5PM

#### CERTIFIED NURSE



#### PRACTITIONER

#### KELLEHER, BRIDGET

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

Provider ID: 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](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M 8AM-5PM  
 TU 10:30AM-7:30PM  
 W-F 8AM-5PM


### CERTIFIED NURSE PRACTITIONER

#### **WILLIAMS, JINA**

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](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None



American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER



### CHIROPRACTOR

#### **JU, NATHANIEL**

Provider ID: 400339  
 Provider Gender: Male  
 License Number: DC32054  
 NPI: 1972883882

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese

Cultural Competency: N  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP


 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

 Hours: M 8AM-5PM  
 TU 10:30AM-7:30PM  
 W-F 8AM-5PM

### FAMILY PRACTICE

#### **ESPINOSA-SILVA, YAMINAH**


Provider ID: 400339  
 Provider Gender: Female  
 License Number: 20A12958  
 NPI: 1003172016

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, TRI CITY MEDICAL  
 CTR

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

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## C. Directorio de atención primaria

FAMILY PRACTICE	TU 10:30AM-7:30PM W-F 8AM-5PM	Fax: (760) 414-3892
<p><b>KETCHEL, CLINT</b>            Provider ID: 400339            Provider Gender: Male            License Number: A135564            NPI: 1699038125</p> <p><input type="checkbox"/> Provider English Spoken: Y  <input type="checkbox"/> Provider Language(s) Spoken: Arabic, Chaldean Neo-Aramaic, Spanish, Syriac</p> <p>Cultural Competency: N            Hospital Affiliation:            SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, TRI CITY MEDICAL CTR, WHITTIER HOSPITAL MEDICAL CENTER</p> <p>Board Certified Specialty: No            IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 134 GRAPEVINE RD VISTA, CA 92083  <input type="phone"/> Phone: (760) 631-5000  <input type="clock"/> After Hours Phone: (760) 631-5000  <input type="globe"/> Website: www.vistacommunityclinic.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M 8AM-5PM</p>	<p><b>FQHC</b></p> <p><b>VCC DURIAN,</b>            Provider ID: 411518            NPI: 1851300123</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 105 DURIAN ST STE A VISTA, CA 92083  <input type="phone"/> Phone: (844) 308-5003            Fax: (760) 414-3892</p> <p><input type="clock"/> After Hours Phone: (844) 308-5003  <input type="globe"/> Website: www.vistacommunityclinic.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-TU 8:30AM-5PM TH-F 8:30AM-5PM</p>	<p><input type="clock"/> After Hours Phone: (760) 631-5000  <input type="globe"/> Website: www.vistacommunityclinic.org            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M 8AM-5PM TU 10:30AM-7:30PM W-F 8AM-5PM</p>
<p><b>FQHC</b></p> <p><b>VISTA COMMUNITY CLINIC GRAPEVINE,</b>            Provider ID: 400339            NPI: 1851300123</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            IHP OF SOUTHERN CAL-PHP</p> <p><input type="checkbox"/> 134 GRAPEVINE RD VISTA, CA 92083  <input type="phone"/> Phone: (760) 631-5000</p>	<p><b>FQHC</b></p> <p><b>COPELAND, ARDETH</b>            Provider ID: 687778            Provider Gender: Female            NPI: 1699704338</p> <p><input type="checkbox"/> Provider English Spoken: Y            Cultural Competency: N            Board Certified Specialty: No            COMMUNITY CARE IPA LLC</p> <p><input type="checkbox"/> 1000 VALE TERRACE DR VISTA, CA 92084  <input type="phone"/> Phone: (760) 631-5000            Fax: (760) 414-3892</p> <p><input type="clock"/> After Hours Phone: (760) 631-5000  <input type="globe"/> Website: N/A            Medi-Cal Open Panel: Yes            Min/Max Age: 16\None            American Sign Language (ASL): N  <input type="wheelchair"/> Accessibility: CONTACT PROVIDER  <input type="clock"/> Hours: M-TH 9AM-8PM</p>	<p><b>INTERNAL MEDICINE</b></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## C. Directorio de atención primaria

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.vistacommu  
nityclinic.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

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## C. Directorio de atención primaria

 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](http://www.vistacommunityclinic.org)


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8AM-5PM TU 10:30AM-7:30PM W-F 8AM-5PM


### PEDIATRICS


#### NAUDIN, VERONICA

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



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## C. Directorio de atención primaria

*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*

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### **PEDIATRICS**

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#### **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*

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### **PHYSICIANS ASSISTANT**

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#### **WEAVER, APRIL**


*Provider ID: 400339*

*Provider Gender: Female*

*License Number: PA20775*

*NPI: 1063552800*


 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP*

 134 GRAPEVINE RD VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760) 631-5000


 Website: www.vistacommunityclinic.org

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 9AM-2PM  
F 8AM-5PM  
SA 8AM-4PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas








**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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: 180112669

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas




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

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## D. Directorio de proveedores especialistas

 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**

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#### **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**

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#### **BLASKIEWICZ, DONALD**

Provider ID: 270283

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6010 HIDDEN VALLEY RD  
STE 200

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### 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

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## D. Directorio de proveedores especialistas

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: 268746

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Female

NPI: 1508370875

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### CERTIFIED NURSE PRACTITIONER


#### **BRAYTENBAH, MELANIE**

Provider ID: 295830

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
421-3361

Provider Gender: Female


NPI: 1508370875


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD

### CERTIFIED NURSE PRACTITIONER

#### **BRAYTENBAH, MELANIE**


Provider ID: 262342

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

 752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

 Phone: (619) 421-3361

Fax: (619) 869-4378

 After Hours Phone: (619)  
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

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## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: IHP of Southern Cal-PHP

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: Rady Childrens Health Network


### 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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM  
 SA 8AM-2:30PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### GASTROENTEROLOGY

**CHAVEZ, LUIS**  
 Provider ID: 311342  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 296 H ST STE 301  
 CHULA VISTA, CA 91910  
 Phone: (619) 416-3510  
 Fax: (619) 243-3216  
 After Hours Phone: (619)  
 416-3510  
 Provider Gender: Male  
 NPI: 1295224905  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, PARADISE VALLEY

HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### GASTROENTEROLOGY

**WIENER, GREGORY**  
 Provider ID: 290741  
 Board Certified Specialty: Yes  
 IHP OF SOUTHERN CAL-PHP  
 353 CHURCH AVE STE A  
 CHULA VISTA, CA 91910  
 Phone: (619) 585-8883  
 Fax: (619) 585-0166  
 After Hours Phone: (619)  
 585-8883  
 Provider Gender: Male  
 NPI: 1811099534  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Medi-Cal Open Panel: Yes

Min/Max Age: 18\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH  
 8:30AM-4:30PM  
 F 8:30AM-3PM  
 Website: N/A  
 IPA: BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT, IHP of  
 Southern Cal-PHP

### GASTROENTEROLOGY

**WIENER, GREGORY**  
 Provider ID: 257480  
 Board Certified Specialty: Yes  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 353 CHURCH AVE STE A  
 CHULA VISTA, CA 91910  
 Phone: (619) 585-8883  
 Fax: (619) 585-0166  
 After Hours Phone: (619)  
 585-8883  
 Provider Gender: Male  
 NPI: 1811099534  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, SCRIPPS

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

MERCY HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:30AM-4:30PM  
F 8:30AM-3PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT, IHP of Southern Cal-PHP


### HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE**


Provider ID: 268688

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910

 Phone: (619) 426-0841

Fax: (619) 426-9197

 After Hours Phone: (619)  
426-0841

Provider Gender: Female

NPI: 1063558856

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### HEARING AID DEALER / SUPPLIER

**DAVIS, KELLE**


Provider ID: 268651

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 310 3RD AVE STE C11  
CHULA VISTA, CA 91910

 Phone: (619) 426-0841

Fax: (619) 426-9197

 After Hours Phone: (619)  
426-0841

Provider Gender: Female

NPI: 1902853344

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### HEMATOLOGY / ONCOLOGY


**JOHNSON, KENNETH**

Provider ID: 262288

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

 769 MEDICAL CENTER CT  
STE 202

CHULA VISTA, CA 91911

 Phone: (619) 482-8430

Fax: (619) 482-8005

 After Hours Phone: (619)  
482-8430

Provider Gender: Male

NPI: 1063527711

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Imperial Health Holdings

Medical Group-SD


### INTERVENTIONAL CARDIOLOGY

**MOHAMEDALI, BURHAN**

Provider ID: 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

 After Hours Phone: (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: 298442


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

 Phone: (619) 434-4208

Fax: (619) 434-4315

 After Hours Phone: (619) 434-4208

Provider Gender: Male

NPI: 1386821460

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD*

### INTERVENTIONAL CARDIOLOGY

#### **ROUGH, STEVEN**

*Provider ID: 302985*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 754 MEDICAL CENTER CT  
 STE 101  
 CHULA VISTA, CA 91911  
 *Phone: (619) 434-4208*  
*Fax: (619) 434-4315*  
 *After Hours Phone: (619) 434-4208*  
*Provider Gender: Male*  
*NPI: 1386821460*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP, Imperial Health Holdings Medical Group-SD*

### INTERVENTIONAL CARDIOLOGY

#### **SHEREV, DIMITRI**

*Provider ID: 268950*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 752 MEDICAL CENTER CT  
 STE 207  
 CHULA VISTA, CA 91911  
 *Phone: (619) 867-0557*  
*Fax: (619) 867-0558*  
 *After Hours Phone: (619) 867-0557*  
*Provider Gender: Male*  
*NPI: 1154323996*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Bulgarian, Russian, Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER, SHARP CORONADO HOSP AND HEALTHCARE CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5PM*  
 *Website: N/A*  
*IPA: Community Care IPA LLC, IHP of Southern Cal-PHP*

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

*Provider ID: 296051*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
 765 MEDICAL CENTER CT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

STE 211  
CHULA VISTA, CA 91911  
☎ Phone: (619) 616-2100  
☎ Fax: (619) 616-2104  
🕒 After Hours Phone: (619) 616-2100  
Provider Gender: Female  
NPI: 1811307051  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

**SUDHAKAR, DEEPTHI**  
Provider ID: 309098  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
📍 865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
☎ Phone: (760) 294-0480  
☎ Fax: (760) 294-0481  
🕒 After Hours Phone: (760) 294-0480  
Provider Gender: Female

NPI: 1811307051  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 15\99  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### INTERVENTIONAL CARDIOLOGY

**SUDHAKAR, DEEPTHI**  
Provider ID: 295846  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
📍 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
☎ Phone: (619) 616-2100  
☎ Fax: (619) 616-2104  
🕒 After Hours Phone: (619) 616-2100  
Provider Gender: Female  
NPI: 1811307051  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 15\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: Community Care IPA LLC, IHP of Southern Cal-PHP

### MATERNAL AND FETAL MEDICINE

**MCCULLOUGH, DEIRDRE**  
Provider ID: 277263  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 386 E H ST STE 202  
CHULA VISTA, CA 91910  
☎ Phone: (858) 966-6710  
☎ Fax: (858) 966-6711  
🕒 After Hours Phone: (858) 966-6710  
Provider Gender: Female  
NPI: 1639153018  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, SOUTHWEST  
HEALTHCARE INLAND

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Min/Max Age: 0\19

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\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

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network

### MATERNAL AND FETAL MEDICINE


**MELBER, DORA**

Provider ID: 296993

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 386 E H ST STE 202

CHULA VISTA, CA 91910

 Phone: (858) 966-6710


Fax: (858) 966-6711

 After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hungarian,  
Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO,

### MATERNAL AND FETAL MEDICINE


**REIMERS, REBECCA**

Provider ID: 294653

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 386 E H ST STE 202

CHULA VISTA, CA 91910

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

### MATERNAL AND FETAL MEDICINE


**RICHARDSON, ALVIE**

Provider ID: 264687

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 386 E H ST STE 202

CHULA VISTA, CA 91910

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858) 966-6710

Provider Gender: Male

NPI: 1154305977

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, Sharp Grossmont

Hospital, SOUTHWEST

HEALTHCARE INLAND

VALLEY HOSPITAL

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

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## D. Directorio de proveedores especialistas

American Sign Language (ASL): Sharp Grossmont Hospital,  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### MATERNAL AND FETAL MEDICINE

#### WESTERMANN, MELISSA

Provider ID: 242523

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1760730758

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,

Sharp Grossmont Hospital,  
Sharp Grossmont Hospital,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE


#### FLEMING, SARAH

Provider ID: 205646

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 435 H ST  
CHULA VISTA, CA 91910

 Phone: (619) 691-7000

 After Hours Phone: (619)  
691-7000

Provider Gender: Female

NPI: 1679809826

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### MATOBA, NANA


Provider ID: 297976

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 435 H ST  
CHULA VISTA, CA 91910



 Phone: (619) 691-7000

Fax: (619) 260-7055

 After Hours Phone: (619)  
691-7000

Provider Gender: Female

NPI: 1801952197

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Japanese

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes



Min/Max Age: 0\19




American Sign Language (ASL):  
N



 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network





 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network




### NEONATAL / PERINATAL MEDICINE

**NIEMI, ANNA-KAISA**  
 Provider ID: 262159  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 435 H ST  
 CHULA VISTA, CA 91910  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858) 966-5818  
 Provider Gender: Female  
 NPI: 1497941397  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Finnish, French, German, Spanish, Swedish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

### NEONATAL / PERINATAL MEDICINE

**NYMAN, KATHERINE**  
 Provider ID: 301823  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 435 H ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 691-7000  
 Fax: (619) 260-7055  
 After Hours Phone: (619) 691-7000  
 Provider Gender: Female  
 NPI: 1003260951  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

### NEONATAL / PERINATAL MEDICINE

**SPEZIALE, MARK**  
 Provider ID: 304829  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 435 H ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 691-7000  
 Fax: (619) 260-7055  
 After Hours Phone: (619) 691-7000  
 Provider Gender: Male  
 NPI: 1801978143  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, UCSD MEDICAL CTR, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL

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## D. Directorio de proveedores especialistas


### ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEPHROLOGY

#### BALBOA NEPHROLOGY MED GRP INC,

Provider ID: 311223

IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

 855 3RD AVE STE 2210  
CHULA VISTA, CA 91911

 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619) 427-1144


NPI: 1316997505


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: No

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: www.balboacare.com


### NEPHROLOGY

#### HOREISH, ADAM


Provider ID: 290100

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910


 Phone: (619) 427-1144

Fax: (619) 427-1185

 After Hours Phone: (619) 427-1144

Provider Gender: Male

NPI: 1760461206

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP,

Imperial Health Holdings

Medical Group-SD


### NEPHROLOGY

#### 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

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## D. Directorio de proveedores especialistas

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

**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):

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):

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

Cultural Competency: N

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## D. Directorio de proveedores especialistas

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

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

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  
 Cultural Competency: N

### NEPHROLOGY

#### VIDEEN, JOHN

Provider ID: 65646  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 752 MEDICAL CENTER CT  
 STE 302  
 CHULA VISTA, CA 91911  
 Phone: (619) 421-3361  
 Fax: (619) 869-4378  
 After Hours Phone: (619)  
 421-3361  
 Provider Gender: Male  
 NPI: 1043318199  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

### NEPHROLOGY

#### YUAN, HENRY




Provider ID: 268551  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619)  
 427-1144  
 Provider Gender: Male  
 NPI: 1043442379  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, PARADISE

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## D. Directorio de proveedores especialistas






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  
 JOLLA JOHN SALLY




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## D. Directorio de proveedores especialistas

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  
 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):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### NEUROLOGY

**SORIA LOPEZ, JOSE**  
 Provider ID: 295744  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 450 4TH AVE STE 215  
 CHULA VISTA, CA 91910  
 Phone: (619) 425-3840  
 Fax: (619) 485-5440  
 After Hours Phone: (619)  
 425-3840  
 Provider Gender: Male  
 NPI: 1225474034  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA,  
 TEMECULA VALLEY HOSPITAL  
 INC, SHARP CHULA VISTA  
 MED CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None  
 American Sign Language (ASL):  
 N

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-6PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


### **OBSTETRICS / GYNECOLOGY**

#### **ATIGA, SCHUBERT**

*Provider ID: 268953*  
*Board Certified Specialty: Yes*  
*COMMUNITY CARE IPA LLC*

 752 MEDICAL CENTER CT  
STE 106

CHULA VISTA, CA 91911

 *Phone: (619) 482-8406*


*Fax: (619) 482-6656*

 *After Hours Phone: (619) 482-8406*

*Provider Gender: Male*

*NPI: 1033138714*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-5PM  
F 8AM-12PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*

### **OBSTETRICS / GYNECOLOGY**


#### **ATIGA, SCHUBERT**

*Provider ID: 290331*

*Board Certified Specialty: Yes*  
*IHP OF SOUTHERN CAL-PHP*

 752 MEDICAL CENTER CT  
STE 106

CHULA VISTA, CA 91911


 *Phone: (619) 482-8406*


*Fax: (619) 482-6656*

 *After Hours Phone: (619) 482-8406*

*Provider Gender: Male*

*NPI: 1033138714*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*


*CHULA VISTA MED CTR*


*Medi-Cal Open Panel: Yes*


*Min/Max Age: 13\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TH 8AM-5PM  
F 8AM-12PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*

### **OCCUPATIONAL THERAPIST**


#### **MORRIS, SHEILA**

*Provider ID: 268926*

*Board Certified Specialty: No*  
*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*

*Medi-Cal Open Panel: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 297633

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**

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

 Provider English Spoken: Y




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas

 *Provider Language(s)*  
Spoken: Mandarin  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9AM-5PM*  
 *Website: N/A*  
IPA: IHP of Southern Cal-PHP

### OPTOMETRIST





**KOO, ANITA**  
Provider ID: 304830  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1669825667  
 *Provider English Spoken: Y*  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

**OPTOMETRIST**  
**KOO, ANITA**  
Provider ID: 304537  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
 835 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

**MASCARENO, EFRAIN**  
Provider ID: 268680  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 440 4TH AVE STE 9  
CHULA VISTA, CA 91910  
 Phone: (619) 427-2020  
Fax: (866) 254-5707  
 After Hours Phone: (619) 427-2020  
Provider Gender: Male  
NPI: 1457507279  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
Cultural Competency: N  
Medi-Cal Open Panel: No  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 *Accessibility: CONTACT*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### PROVIDER


 Hours: M-F 9AM-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

#### 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


#### 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

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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  
IHP OF SOUTHERN CAL-PHP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 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:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas


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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### PEDIATRIC EMERGENCY MEDICINE

#### **CRAWFORD, MICHAEL**

*Provider ID: 311161*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 *386 E H ST STE 202  
CHULA VISTA, CA 91910*

 *Phone: (858) 966-1720*

*Fax: (858) 966-1725*

 *After Hours Phone: (858)  
966-1720*

*Provider Gender: Male*

*NPI: 1336727791*

 *Provider English Spoken: Y  
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

#### **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

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health*

*Network*


### PEDIATRIC EMERGENCY MEDICINE

#### **GORHAM, LAURA**

*Provider ID: 275787*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 *386 E H ST STE 202  
CHULA VISTA, CA 91910*


 *Phone: (858) 966-1720*

*Fax: (858) 966-1725*

 *After Hours Phone: (858)  
966-1720*

*Provider Gender: Female*

*NPI: 1316162324*

 *Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM*

*SA 1PM-10PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

### PEDIATRIC EMERGENCY MEDICINE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas



 *Provider Language(s)*  
*Spoken: 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas





**PROVIDER**  
 Hours: M-F 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  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


<p style="text-align: center;"><b>PODIATRIST</b></p> <p><b>DAVIDSON III, JOHN</b>            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</p>	<p>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</p>	<p> 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</p>
<p style="text-align: center;"><b>PODIATRIST</b></p> <p><b>READ, TRENTON</b></p>	<p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>BAYLON, ALDO</b>            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</p>	<p style="text-align: center;"><b>PSYCHOLOGIST</b></p> <p><b>CELAYA, PATRICIA</b>            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</p>


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

American Sign Language (ASL): 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

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### PSYCHOLOGIST

#### **GALLO, LINDA**

Provider ID: 296782

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 780 BAY BLVD STE 200  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 240-7852

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1427773621

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

#### **GOULD, HILARY**

Provider ID: 290467

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

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### 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

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):  Hours: M-F 8AM-5PM  
 N  Website: N/A  
 IPA: Community Care IPA LLC

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### RADIATION ONCOLOGY

#### **COLEMAN, LORI**

Provider ID: 206393

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911


 Phone: (619) 502-5851

Fax: (619) 502-5865

 After Hours Phone: (619)  
 502-5851

Provider Gender: Female

NPI: 1053348920

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
 SHARP MEMORIAL HOSPITAL,  
 GROSSMONT HOSPITAL,  
 PALOMAR MEDICAL CENTER,


Sharp Grossmont Hospital



Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC


### REGISTERED DIETITIAN / NUTRITIONIST

#### **KRISHNAMURTHY, MEENAKSHI**


Provider ID: 311656

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910

 Phone: (619) 427-1144

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *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: 310382*

*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*

 386 E H ST STE 203  
 CHULA VISTA, CA 91910

 *Phone: (619) 482-3000*

*Fax: (619) 482-3001*

 *After Hours Phone: (619) 482-3000*

*Provider Gender: Female*

*NPI: 1407440670*

 *Provider English Spoken: Y*

 *Provider Language(s)*


*Spoken: Spanish*

*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Community Care IPA LLC,*  
*IHP of Southern Cal-PHP*

---

### REGISTERED PHYSICAL THERAPIST

---


#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ After Hours Phone: (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: 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 305014  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### NGUYEN, TIA

Provider ID: 305013

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### NGUYEN, TIA

Provider ID: 310381

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

386 E H ST STE 203  
CHULA VISTA, CA 91910

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1457136269

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-TH 7AM-7PM  
F 7AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### NOVENCIDO, ANDREW

Provider ID: 310722

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

386 E H ST STE 203  
CHULA VISTA, CA 91910

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 7AM-6PM





























Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST


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## D. Directorio de proveedores especialistas

<u>THERAPIST</u>	
<p><b>NOVENCIDO, ANDREW</b>            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</p>	<p>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</p>
<u>REGISTERED PHYSICAL THERAPIST</u>	
<p><b>NOVENCIDO, ANDREW</b>            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</p>	<p><b>REGISTERED PHYSICAL THERAPIST</b>  <b>SPARKS, TODD</b>            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</p>
<u>REGISTERED PHYSICAL THERAPIST</u>	
	<p>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</p>
<u>REGISTERED PHYSICAL THERAPIST</u>	
	<p><b>SPARKS, TODD</b>            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</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


**PROVIDER**  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): **VAISMAN, SAMANTHA**

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **REGISTERED PHYSICAL THERAPIST**


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**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

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### **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

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### **REGISTERED PHYSICAL THERAPIST**


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**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

IPA: Community Care IPA LLC

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

IPA: Community Care IPA LLC

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### SPEECH PATHOLOGIST

#### **DURNAN, CASSANDRA**

Provider ID: 307884

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 333 H ST STE 5000  
CHULA VISTA, CA 91910


 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353

Provider Gender: Female

NPI: 1073873501

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### SURGERY GENERAL

#### **CASILLAS BERUMEN, SERGIO**

Provider ID: 304607

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1111 BROADWAY STE 305  
CHULA VISTA, CA 91911


 Phone: (619) 576-7007

Fax: (619) 567-7775

 After Hours Phone: (619) 576-7007

Provider Gender: Male

NPI: 1437470762

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, UC SAN DIEGO

HEALTH - EAST CAMPUS  
MEDICAL CENTER, PARADISE

VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY  
HOSPITAL, PALOMAR


MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### SURGERY ORTHOPEDIC


#### **ANDRY, JAMES**

Provider ID: 302084

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911

 Phone: (858) 824-1703

Fax: (858) 455-6473

 After Hours Phone: (858) 824-1703

Provider Gender: Male

NPI: 1679726103

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS MERCY

HOSPITAL, SHARP CHULA  
VISTA MED CTR, SHARP

CORONADO HOSP AND  
HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### 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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider 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, SHARP HOSPITAL ENCINITAS*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-4PM  
 Website: N/A  
IPA: Community Care IPA LLC

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### **CERTIFIED NURSE PRACTITIONER**

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#### **ARMSTON, LINDSEY**

Provider ID: 312119  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 892 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 737-1117

Fax: (619) 880-8535

 After Hours Phone: (619)  
737-1117

Provider Gender: Female

NPI: 1841851375

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**

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#### **CARRION GELABERT, ANA**

Provider ID: 312136

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 892 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 737-1117

Fax: (619) 880-8535

 After Hours Phone: (619)  
737-1117

Provider Gender: Female

NPI: 1023178233

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**

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#### **DE DIOS, SARAH JANE**

Provider ID: 312113

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 892 E MADISON AVE  
EL CAJON, CA 92020

 Phone: (619) 737-1117

Fax: (619) 880-8535

 After Hours Phone: (619)  
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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

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

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### CERTIFIED NURSE PRACTITIONER


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#### **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

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### CERTIFIED NURSE PRACTITIONER


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#### **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

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### CERTIFIED NURSE PRACTITIONER

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#### **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

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### CERTIFIED NURSE PRACTITIONER


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#### **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


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## D. Directorio de proveedores especialistas

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

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### 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

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### DERMATOLOGY


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#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p> <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: GROSSMONT HOSPITAL</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>  <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i>  <input type="clock"/> <i>Hours: M-F 8:30AM-4:30PM</i>  <input type="globe"/> <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i> </p>	<p> <i>MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>  <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i>  <input type="clock"/> <i>Hours: M-F 8AM-5PM</i>  <input type="globe"/> <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i> </p>	<p> <i>UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 18\None</i>  <i>American Sign Language (ASL): N</i>  <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i>  <input type="clock"/> <i>Hours: M-F 8AM-5PM</i>  <input type="globe"/> <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i> </p>
<hr/>		
<p style="text-align: center;"><b><u>GASTROENTEROLOGY</u></b></p> <p><b>CHAVEZ, LUIS</b>  <i>Provider ID: 311341</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>  <input type="globe"/> 2732 NAVAJO RD STE 200 EL CAJON, CA 92020  <input type="phone"/> <i>Phone: (619) 416-3510</i>  <i>Fax: (619) 243-3216</i>  <input type="clock"/> <i>After Hours Phone: (619) 416-3510</i>  <i>Provider Gender: Male</i>  <i>NPI: 1295224905</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS</i> </p>	<p style="text-align: center;"><b><u>GASTROENTEROLOGY</u></b></p> <p><b>NOVO, MEGAN</b>  <i>Provider ID: 296067</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>  <input type="globe"/> 2732 NAVAJO RD STE 200 EL CAJON, CA 92020  <input type="phone"/> <i>Phone: (619) 266-3332</i>  <i>Fax: (619) 266-6000</i>  <input type="clock"/> <i>After Hours Phone: (619) 266-3332</i>  <i>Provider Gender: Female</i>  <i>NPI: 1770961971</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL CHULA VISTA, UNIVERSITY OF CALIFORNIA IRVINE MED CTR,</i> </p>	<p style="text-align: center;"><b><u>HEARING AID DEALER / SUPPLIER</u></b></p> <p><b>ANDERSON, ELAINE</b>  <i>Provider ID: 268692</i>  <i>Board Certified Specialty: No</i>  <i>COMMUNITY CARE IPA LLC</i>  <input type="globe"/> 1767 E MAIN ST EL CAJON, CA 92021  <input type="phone"/> <i>Phone: (619) 440-6516</i>  <i>Fax: (619) 440-6547</i>  <input type="clock"/> <i>After Hours Phone: (619) 440-6516</i>  <i>Provider Gender: Female</i>  <i>NPI: 1063558856</i>  <input type="checkbox"/> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>  <input type="checkbox"/> <i>Accessibility: CONTACT PROVIDER</i>  <input type="clock"/> <i>Hours: M-F 8AM-5PM</i>  <input type="globe"/> <i>Website: N/A</i> </p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

IPA: Community Care IPA LLC

### 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

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## D. Directorio de proveedores especialistas

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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




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## D. Directorio de proveedores especialistas


 *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*

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## D. Directorio de proveedores especialistas

### OPTOMETRIST

#### **THACH, QUEEN**

Provider ID: 310538

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

231 W MAIN ST

EL CAJON, CA 92020

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619) 425-7755

Provider Gender: Female

NPI: 1053841478

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PEDIATRICS

#### **MURADIAN-MOORE, SARAH**

Provider ID: 311838

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

855 E MADISON AVE

EL CAJON, CA 92020

Phone: (833) 867-4642

Fax: (360) 462-2746

After Hours Phone: (833) 867-4642

Provider Gender: Female

NPI: 1700205895

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### **ACOSTA, ANGELICA**

Provider ID: 310413

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

855 E MADISON AVE

EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619) 440-2751

Provider Gender: Female

NPI: 1952513517

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### PHYSICIANS ASSISTANT

#### **INDA, PRISCILLA**

Provider ID: 265073

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

328 HIGHLAND AVE STE

200

EL CAJON, CA 92020

Phone: (619) 930-9404

Fax: (619) 930-9426

After Hours Phone: (619) 930-9404

Provider Gender: Female

NPI: 1679008379

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Russian, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5PM

Website: N/A

IPA: Community Care IPA LLC

### PHYSICIANS ASSISTANT

#### **LE, TAYLOR**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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

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## D. Directorio de proveedores especialistas


 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




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## D. Directorio de proveedores especialistas

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  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: 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

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## D. Directorio de proveedores especialistas

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): 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

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## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### 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





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## D. Directorio de proveedores especialistas




 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 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,

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## D. Directorio de proveedores especialistas




SCRIPPS MEMORIAL  
HOSPITAL, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **GOWDA, ASHWIN**




Provider ID: 277348  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 1415 ROSS AVE  
EL CENTRO, CA 92243  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1366736092

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, 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

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## D. Directorio de proveedores especialistas

<u>INTERNAL MEDICINE</u> <u>CRITICAL CARE MEDICINE</u>	<u>CRITICAL CARE MEDICINE</u>	<u>UCSD MEDICAL GROUP</u>
<p><b>TRAN, LINH</b>  <i>Provider ID: 277391</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   1415 ROSS AVE            EL CENTRO, CA 92243   <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: 1851682728</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p><b>WARDI, GABRIEL</b>  <i>Provider ID: 277341</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   1415 ROSS AVE            EL CENTRO, CA 92243   <i>Phone: (760) 339-7202</i>   <i>After Hours Phone: (760) 339-7202</i>  <i>Provider Gender: Male</i>  <i>NPI: 1720346083</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>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</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p><b>UCSD MEDICAL GROUP</b>   1671 W MAIN ST STE B            EL CENTRO, CA 92243   <i>Phone: (855) 543-0555</i>  <i>Fax: (888) 539-8781</i>   <i>After Hours Phone: (855) 543-0555</i>  <i>Provider Gender: Male</i>  <i>NPI: 1093730251</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MEMORIAL HOSPITAL</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>
<p><u>INTERNAL MEDICINE</u></p>	<p><u>SURGERY NEUROLOGICAL</u></p>	<p><b>ENCINITAS</b></p> <p><u>CARDIOVASCULAR DISEASE</u></p> <p><b>DURAN, EDWARD</b>  <i>Provider ID: 310052</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   477 N EL CAMINO REAL</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

☎ 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


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## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

<b>PRACTITIONER</b>		
<b>PAKENHAM, KATE</b> 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	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	Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Website: N/A IPA: UCSD Medical Group
		<b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b>
		<b>SEILNACHT-BERNARD, KAREN</b> 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
	<b><u>CERTIFIED NURSE PRACTITIONER</u></b>	
	<b>YEO, ALEXANDRIA</b> 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	
<b><u>CERTIFIED NURSE PRACTITIONER</u></b>		
<b>SRILASAK, MICHELE</b> Provider ID: 281856 Board Certified Specialty: No UCSD MEDICAL GROUP  1200 GARDEN VIEW RD STE 200 ENCINITAS, CA 92024  Phone: (800) 926-8273		

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

### 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):





















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## D. Directorio de proveedores especialistas

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p><i>Min/Max Age: 16\None</i>  <i>American Sign Language (ASL): N</i>  N   <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>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>
<p><b><u>MATERNAL AND FETAL MEDICINE</u></b></p>	<p><b><u>MATERNAL AND FETAL MEDICINE</u></b></p>	<p><b><u>MATERNAL AND FETAL MEDICINE</u></b></p>
<p><b>HULL, ANDREW</b>  <i>Provider ID: 209483</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: 1902862121</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>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</i>  <i>Medi-Cal Open Panel: Yes</i></p>	<p><b>LAURENT, LOUISE</b>  <i>Provider ID: 208641</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: Female</i>  <i>NPI: 1770532707</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i></p>	<p><b>MOORE, THOMAS</b>  <i>Provider ID: 208645</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: 1184682379</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 16\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>



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## D. Directorio de proveedores especialistas








<b>MATERNAL AND FETAL MEDICINE</b>	<b>MATERNAL AND FETAL MEDICINE</b>	<b>MATERNAL AND FETAL MEDICINE</b>
<p><b>RICHARDSON, ALVIE</b>  <i>Provider ID: 277315</i>  <i>Board Certified Specialty: No</i>  <b>RADY CHILDRENS HEALTH NETWORK</b>   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><b>WOELKERS, DOUGLAS</b>  <i>Provider ID: 209384</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   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><b>MATERNAL AND FETAL MEDICINE</b></p> <p><b>WOLF, RICHARD</b>  <i>Provider ID: 209254</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   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>

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## D. Directorio de proveedores especialistas









**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### 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




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## D. Directorio de proveedores especialistas






*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: 293448*  
*Board Certified Specialty: No*  
 UCSD MEDICAL GROUP  
 1505 ENCINITAS BLVD

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## D. Directorio de proveedores especialistas

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: 293447  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
781 GARDEN VIEW CT STE 200  
ENCINITAS, CA 92024  
Phone: (800) 926-8372  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8372  
Provider Gender: Female  
NPI: 1730507567  
Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A  
IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 291336  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1730507567  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL): N  
Accessibility: CONTACT 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**

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## D. Directorio de proveedores especialistas

### **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



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## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, 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*




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas






DIEGO, UCSD MEDICAL CTR,  
PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
Network, UCSD Medical Group



### OPHTHALMOLOGY

**OHALLORAN, HENRY**  
Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Network

### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

 After Hours Phone: (858) 966-4900

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### PEDIATRIC 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

---

Provider ID: 294676

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

Phone: (760) 944-5545  
Fax: (760) 944-3927

After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1306227491

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

---

### **PEDIATRIC 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

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 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*

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## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY 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

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## D. Directorio de proveedores especialistas

Network

### **SURGERY PEDIATRIC**

#### **THOMPSON, KYLE**

Provider ID: 310987

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

1200 GARDEN VIEW RD  
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)




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## D. Directorio de proveedores especialistas



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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### 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

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## D. Directorio de proveedores especialistas

 *Provider Language(s)*  
Spoken: Farsi, Persian  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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### **CERTIFIED NURSE** **PRACTITIONER**

---


**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*

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### **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*

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### **CERTIFIED NURSE** **PRACTITIONER**

---


**NAVARRO, STEVEN**

*Provider ID: 310223*

*Board Certified Specialty: No*

*IHP OF SOUTHERN CAL-PHP*

 460 N ELM ST  
ESCONDIDO, CA 92025

 *Phone: (760) 520-8100*

*Fax: (760) 466-1373*

 *After Hours Phone: (760)  
520-8100*

*Provider Gender: Male*

*NPI: 1013598960*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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### **CERTIFIED NURSE** **PRACTITIONER**


---

**WALDRUP, 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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: 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)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT,  
Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY

#### **BAYAT, HAMED**

Provider ID: 296843

Board Certified Specialty: No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

2130 CITRACADO PKWY  
STE 220

ESCONDIDO, CA 92029

Phone: (760) 743-0546

Fax: (760) 743-8837

After Hours Phone: (760)  
743-0546

Provider Gender: Male

NPI: 1356344196

Provider English Spoken: Y

Provider Language(s)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Spoken: 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,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

*IHP of Southern Cal-PHP*

### 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.










## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### **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**

#### **KIMMCMANUS, OLIVIA**

Provider ID: 277873  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas








 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: 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

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## D. Directorio de proveedores especialistas

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**

#### **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  
 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**

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## D. Directorio de proveedores especialistas

### 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



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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## D. Directorio de proveedores especialistas

 *Provider English Spoken:* Y N  
*Cultural Competency:* N  
*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


### **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):*









 *Accessibility:* CONTACT  
 PROVIDER

 *Hours:* M 9AM-5PM  
 TU 8:30AM-4:30PM  
 W 7:30AM-4:30PM  
 TH 9:30AM-5PM  
 F 8:30AM-4PM

 *Website:* N/A  
*IPA:* Community Care IPA LLC,  
 IHP of Southern Cal-PHP

### **OPTOMETRIST**



#### **AOTO, KIM**


*Provider ID:* 268719  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 830 W VALLEY PKWY STE  
 300  
 ESCONDIDO, CA 92025  
 *Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
 *After Hours Phone:* (800)  
 898-2020  
*Provider Gender:* Female  
*NPI:* 1780935650  
 *Provider English Spoken:* Y  
 *Provider Language(s)*  
 Spoken: Vietnamese  
*Cultural Competency:* N  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0\None  
*American Sign Language (ASL):*  
 N  
 *Accessibility:* CONTACT  
 PROVIDER  
 *Hours:* M-F 8AM-5PM  
 *Website:* N/A


*IPA:* Community Care IPA LLC,  
 IHP of Southern Cal-PHP



### **OPTOMETRIST**

#### **KOO, ANITA**

*Provider ID:* 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (619)  
425-7755

Provider Gender: Female


NPI: 1669825667

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **OPTOMETRIST**


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#### **ZAIDI, NOORINA**


Provider ID: 310608

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Provider Gender: Female

NPI: 1023477262

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT

#### **PROVIDER**

 Hours: M-F 8AM-4:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### **OTOLARYNGOLOGY**


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#### **BLISS, MORGAN**

Provider ID: 277537

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1760707657

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **OTOLARYNGOLOGY**


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#### **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

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### **OTOLARYNGOLOGY**

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#### **FRIESEN, TZYYNONG**


Provider ID: 277853


Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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## D. Directorio de proveedores especialistas

 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


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### 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

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### 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


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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL): N  
 Website: N/A  
 IPA: Rady Childrens Health Network

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### 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

Website: N/A

IPA: Rady Childrens Health Network

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

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

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 CARDIOLOGY

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## D. Directorio de proveedores especialistas

### HALEY, JESSICA

Provider ID: 277867

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1023329885

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY

### HALEY, JESSICA

Provider ID: 205689

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

CHILDRENS HOSPITAL SAN DIEGO, 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

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

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: 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):


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p> Hours: SU 1PM-10PM M-F 4PM-10PM SA 1PM-10PM</p> <p> Website: N/A</p> <p>IPA: Rady Childrens Health Network</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>American Sign Language (ASL):</p> <p>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>
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<b><u>PEDIATRIC EMERGENCY</u></b>		
<b><u>MEDICINE</u></b>		
<hr/>		
<b><u>PEDIATRIC EMERGENCY</u></b>	<b>PARKER, SHERINE</b>	<b><u>PEDIATRIC EMERGENCY</u></b>
<b><u>MEDICINE</u></b>	<p>Provider ID: 277872</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p>	<b><u>MEDICINE</u></b>
<b>MENDES, CHANTAL</b>	<p>Provider ID: 295670</p>	<b>SHERER, KIMBERLY</b>
<p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p>	<p> 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029</p>	<p>Provider ID: 311934</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p>
<p> 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029</p>	<p> Phone: (760) 739-1543</p> <p>Fax: (760) 294-9274</p>	<p> 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029</p>
<p> Phone: (760) 739-1543</p> <p>Fax: (760) 294-9274</p>	<p> After Hours Phone: (760) 739-1543</p>	<p> Phone: (760) 755-7600</p> <p>Fax: (760) 755-7699</p>
<p> After Hours Phone: (760) 739-1543</p>	<p>Provider Gender: Female</p> <p>NPI: 1477626513</p>	<p> After Hours Phone: (760) 755-7600</p>
<p>Provider Gender: Female</p> <p>NPI: 1134681265</p>	<p> Provider English Spoken: Y</p> <p> Provider Language(s) Spoken: Arabic, Spanish</p>	<p>Provider Gender: Female</p> <p>NPI: 1992202964</p>
<p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p>	<p>Cultural Competency: N</p> <p>Hospital Affiliation: GLENDALE</p>	<p> Provider English Spoken: Y</p> <p>Cultural Competency: N</p>
<p>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</p>	<p>ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY</p>	<p>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</p>
<p>Medi-Cal Open Panel: Yes</p>	<p>MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN</p>	<p>Medi-Cal Open Panel: No</p>
<p>Min/Max Age: 0\19</p>	<p>DIEGO, VALLEY CHILDRENS HOSPITAL</p>	<p>Min/Max Age: 0\None</p>
<p>American Sign Language (ASL):</p> <p>N</p>	<p>Medi-Cal Open Panel: Yes</p>	<p>American Sign Language (ASL):</p> <p>N</p>
<p> Accessibility: CONTACT PROVIDER</p>	<p>Min/Max Age: 0\19</p>	<p> Accessibility: CONTACT</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

**PROVIDER**  
 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

 Website: N/A

IPA: Rady Childrens Health

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *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*


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## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: 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,

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## D. Directorio de proveedores especialistas


Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 19\100

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Community Care IPA LLC


### 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







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 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

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## D. Directorio de proveedores especialistas

### 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







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## D. Directorio de proveedores especialistas

 *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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas


 Phone: (760) 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):

 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):

 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):

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**TAYLOR, CHRISTOPHER**

Provider ID: 299407

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

Fax: (760) 414-3892

After Hours Phone: (760)  
723-6200

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\100

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

### CERTIFIED NURSE PRACTITIONER

**TAYLOR, CHRISTOPHER**

Provider ID: 302118

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

NETWORK

321 E ALVARADO ST  
FALLBROOK, CA 92028

Phone: (760) 723-6200

Fax: (760) 414-3892

After Hours Phone: (760)  
723-6200

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: No

Min/Max Age: 0\19

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

### 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

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

Medi-Cal Open Panel: Yes

Min/Max Age: 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

#### 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


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### 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


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### REGISTERED PHYSICAL THERAPIST

---

#### **KARANDE, PRACHI**

Provider ID: 287101  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

 600 PALM AVE STE 126  
 IMPERIAL BEACH, CA  
 91932

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619)  
 482-3000

Provider Gender: Female  
 NPI: 1699357525


 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR

Medi-Cal Open Panel: Yes  
 Min/Max Age: 16\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 7AM-6PM

 Website: N/A

IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP


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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): IHP of Southern Cal-PHP

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM  
F 7AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---


### REGISTERED PHYSICAL THERAPIST


---

#### NGUYEN, TIA

Provider ID: 305016

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

 Phone: (619) 482-3000  
Fax: (619) 332-4220

 After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457136269


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7AM-7PM  
F 7AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

---


### REGISTERED PHYSICAL THERAPIST


---

#### NOVENCIDO, ANDREW

Provider ID: 301995

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1265481139

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

Hours: M 7AM-7PM

TU 7AM-12PM

W-TH 7AM-7PM

F 7AM-12PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **SUGGS, SARAH**

Provider ID: 298365

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1083353650

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **SUGGS, SARAH**

Provider ID: 301429

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1083353650

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 7AM-7PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### REGISTERED PHYSICAL THERAPIST

#### **VAISMAN, SAMANTHA**

Provider ID: 311835

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1457022071

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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

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## D. Directorio de proveedores especialistas

 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**

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## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **ANESTHESIOLOGY**


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#### **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*

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### **ANESTHESIOLOGY**


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#### **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*

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### **ANESTHESIOLOGY**


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#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

926-8273  
 Provider Gender: Female  
 NPI: 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY**

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#### **TRIVEDI, SURAJ**

Provider ID: 246750

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699057885

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, CORONA REGIONAL  
MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **ANESTHESIOLOGY**


---


#### **TSUDA, PAIGE**

Provider ID: 271683

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003261595

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **ANESTHESIOLOGY**


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#### **TULLY, JEFFREY**

Provider ID: 283690

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871912493

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **ANESTHESIOLOGY**


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#### **TZENG, ERIC**

Provider ID: 284578

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801258264

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD




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## D. Directorio de proveedores especialistas

MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### 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

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## D. Directorio de proveedores especialistas

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

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):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **MIZZELL, ANNA**

Provider ID: 214021

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851561021

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### **PHREANER, NICHOLAS**

Provider ID: 224864

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1023373040

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **CARDIOVASCULAR DISEASE**

#### SHAPIRO, HILARY

Provider ID: 300000

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811382815

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **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

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### ARELLANO, JACQUELINE

Provider ID: 304140

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

#### **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**

#### **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**

#### **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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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

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### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **AGYEMANG, ALBERTA**

Provider ID: 265131


Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

 8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8000

Fax: (858) 657-8387

 After Hours Phone: (858)  
657-8000

Provider Gender: Female

NPI: 1023400082

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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

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### **CERTIFIED NURSE PRACTITIONER**

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#### **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

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p> <i>Provider English Spoken: Y</i>  <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: 0\None</i></p>	<p><i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP, UCSD Medical Group</i></p>	<p><i>IPA: UCSD Medical Group</i></p>
<hr/>		
<p><i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b>  <b><u>PRACTITIONER</u></b></p> <p><b>DIMAIRA, FRANCESCA</b>  <i>Provider ID: 245580</i>  <i>Board Certified Specialty: No UCSD MEDICAL GROUP</i></p>	<p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b>  <b><u>PRACTITIONER</u></b></p> <p><b>DIMAIRA, FRANCESCA</b>  <i>Provider ID: 245579</i>  <i>Board Certified Specialty: No UCSD MEDICAL GROUP</i></p>
<hr/>		
<p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b>  <b><u>PRACTITIONER</u></b></p>	<p> 3855 HEALTH SCIENCES DR  LA JOLLA, CA 92093  <i>Phone: (800) 926-8273</i>  <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1346670718</i></p>	<p> 9300 CAMPUS POINT DR  LA JOLLA, CA 92037  <i>Phone: (800) 926-8273</i>  <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1346670718</i></p>
<p><b>DE DIOS, SARAH JANE</b>  <i>Provider ID: 300052</i>  <i>Board Certified Specialty: No UCSD MEDICAL GROUP</i>   9300 CAMPUS POINT DR  LA JOLLA, CA 92037  <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: 1528632742</i></p>	<p> <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>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>	<p><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>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i></p>
<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SHARP CHULA VISTA MED CTR, UCSD MEDICAL CTR</i>  <i>Medi-Cal Open Panel: Yes</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></p>	<p style="text-align: center;"><b><u>CERTIFIED NURSE</u></b>  <b><u>PRACTITIONER</u></b></p> <p><b>DRISCOLL, KARRIE</b>  <i>Provider ID: 286376</i>  <i>Board Certified Specialty: No</i></p>


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

### 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








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## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

**GOMEZ, LESLIE**  
 Provider ID: 299465  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1528578713  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


**GOMEZ, LESLIE**

Provider ID: 299464  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1528578713  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

**GOMEZ, LESLIE**  
 Provider ID: 299470  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)

926-8273  
 Provider Gender: Female  
 NPI: 1528578713  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**

**GOMEZ, LESLIE**  
 Provider ID: 299469  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1528578713  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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**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

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### CERTIFIED NURSE PRACTITIONER

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**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

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### CERTIFIED NURSE PRACTITIONER

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**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

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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):

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER


---

**MICK, SHARON**

Provider ID: 299645

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### CERTIFIED NURSE PRACTITIONER

---


**MICK, SHARON**

Provider ID: 299650

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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**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

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### CERTIFIED NURSE PRACTITIONER

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**MULVEY, CAOILFHIONN**

Provider ID: 291420


Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1184386864

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

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## D. Directorio de proveedores especialistas

### MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group


### 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

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


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**PAULSON, KERRY**

Provider ID: 201269

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (619) 543-3000

 After Hours Phone: (619)  
543-3000

Provider Gender: Female

NPI: 1518363407

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**

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**RALEIGH, DEBORAH**


Provider ID: 215016

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689006876

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA

IRVINE MED CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


---

**ROCHE, CHELSEA**

Provider ID: 270706

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063040384

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


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**ROSSI, CATHERINE**

Provider ID: 291446

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8372

Fax: (888) 539-8781

 After Hours Phone: (800)

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas



FL 1  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1326563495  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---






**TREJO, ANA**  
 Provider ID: 307671  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1033717194  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSF MEDICAL  
 CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---







**TREJO, ANA**  
 Provider ID: 307670  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1033717194  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSF MEDICAL  
 CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

 Website: N/A  
 IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**TREJO, ANA**  
 Provider ID: 307673  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1033717194  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSF MEDICAL  
 CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

---

### **CERTIFIED NURSE** **PRACTITIONER**

---


**TRUJILLO, DALE**  
 Provider ID: 278428  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

 9350 CAMPUS POINT DR  
STE 2B

LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1003104423

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


---


**TUCKER, LANIKA**

Provider ID: 307658

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1477325181

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED NURSE PRACTITIONER**


---

**YEO, ALEXANDRIA**

Provider ID: 299942

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1902368319

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED NURSE ANESTHETIST**


---


**ALFONSO, ALVIN**

Provider ID: 256375

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952653404

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED**

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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p> <p><b>RAMIREZ, NICOLE</b>            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</p>	<p>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</p>	<p> Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Community Care IPA LLC</p>
<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p> <p><b>SACKS, BRENT</b>            Provider ID: 278004            Board Certified Specialty: No            UCSD MEDICAL GROUP   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   Phone: (800) 926-8273</p>	<p><b><u>CERTIFIED REGISTERED NURSE ANESTHETIST</u></b></p> <p><b>SEILNACHT-BERNARD, KAREN</b>            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</p>	<p><b><u>CERTIFIED REGISTERED NURSE MIDWIFE</u></b></p> <p><b>CHOI, NATHALIE</b>            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):</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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)*






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## D. Directorio de proveedores especialistas




Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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

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## D. Directorio de proveedores especialistas

### 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas



 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: 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: 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*  
*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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 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: 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**

#### **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**

#### **HORNBEAK, KIRSTEN**


Provider ID: 240023


Board Certified Specialty: No  
 UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 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

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **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*

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### **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*

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### **EMERGENCY MEDICINE**

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#### **LIPPI, MATTHEW**

*Provider ID: 311493*

*Board Certified Specialty: No*



*UCSD MEDICAL GROUP*

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

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## D. Directorio de proveedores especialistas

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

---

**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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: 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

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## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **EMERGENCY MEDICINE**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### ENDOCRINOLOGY

#### METABOLISM DIABETES


**SANTOS CAVAIOLA, TRICIA**

Provider ID: 256092

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518163799

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### FAMILY PRACTICE


**CHEN, ALICE**


Provider ID: 207166

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 MEDICAL CENTER  
DR


LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### FAMILY PRACTICE


**CHEN, ALICE**

Provider ID: 207165

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265810337

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### FAMILY PRACTICE


**JOLICOEUR, MEGAN**

Provider ID: 300056

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273


 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1114366192

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*



 *Website: N/A*  
*IPA: UCSD Medical Group*

### **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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.









## D. Directorio de proveedores especialistas

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group


### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 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


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## D. Directorio de proveedores especialistas

 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

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## D. Directorio de proveedores especialistas

 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

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### 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

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## D. Directorio de proveedores especialistas

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)



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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

**PROVIDER**  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### INTERNAL MEDICINE

#### 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


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## D. Directorio de proveedores especialistas

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### 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


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## D. Directorio de proveedores especialistas

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: 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

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### INTERNAL MEDICINE

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Medi-Cal Open Panel: Yes  
 Min/Max Age: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 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

#### LIN, CHRISTINE

Provider ID: 311560

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### KAMDAR, BIREN

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 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

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## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

926-8273  
 Provider Gender: Female  
 NPI: 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





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

MEMORIAL HOSPITAL  
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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL): N  
 Website: N/A  
 IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

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

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):

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (858) 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

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### **NEONATAL / PERINATAL MEDICINE**


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**SAUER, CHARLES**


Provider ID: 303907

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 9888 GENESEE AVE  
LA JOLLA, CA 92037


 Phone: (858) 626-4123

Fax: (760) 633-7998

 After Hours Phone: (858) 626-4123

Provider Gender: Male

NPI: 1538388988

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

PALOMAR MEDICAL CENTER,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, PALOMAR

HEALTH, SCRIPPS MEMORIAL

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,


UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### **NEPHROLOGY**

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**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

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### **NEPHROLOGY**

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**RIFKIN, DENA**

Provider ID: 311023


Board Certified Specialty: No

UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: 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

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### 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

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### 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

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### NEUROLOGY

#### HAMILTON, ROSS

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


IPA: UCSD Medical Group

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: 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: UCSD*  
*MEDICAL CTR, UCSD LA*  
*JOLLA JOHN SALLY*


THORNTON  
*Medi-Cal Open Panel: Yes*  
*Min/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: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/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: UCSD*  
*MEDICAL CTR*

*Medi-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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider Gender: Male  
NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 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):



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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider Language(s)*

*Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: 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: 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**

**MACKAY, GILLIAN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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**

#### **MCKINNEY, SARA**

Provider ID: 311117

Board Certified Specialty: No  
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1558708297

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **MCKINNEY, SARA**

Provider ID: 311118

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1558708297

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **MEADOWS, AUDRA**

Provider ID: 285740

Board Certified Specialty: No  
UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1467585521

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

### 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: 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

### 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

### RIVAS, RENEE

Provider ID: 284295

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Directorio de proveedores especialistas

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **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

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **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*

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### **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*

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### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **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*

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### **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*

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### **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):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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### **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)*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Spoken: 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

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### **OPHTHALMOLOGY**


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#### **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

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### **OPHTHALMOLOGY**


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#### **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**

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#### **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

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### **OPTOMETRIST**


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#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 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: 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**

#### **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**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 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)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

926-8273  
Provider Gender: Male  
NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


---

### OTOLARYNGOLOGY

#### **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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---

### **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: 299516*

*Board Certified Specialty: No*


*UCSD MEDICAL GROUP*

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **OTOLARYNGOLOGY**

#### **HOM, DAVID**


*Provider ID: 299517*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*


*THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

---


### **OTOLARYNGOLOGY**

#### **HOM, DAVID**

*Provider ID: 299513*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
CTR*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 301051

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **HOM, DAVID**

Provider ID: 299512

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1659305027

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **HUSSEMAN, JACOB**

Provider ID: 301051

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124034053

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 299448

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, PIH HEALTH  
HOSPITAL - WHITTIER, UCSD  
LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network, UCSD Medical Group


### OTOLARYNGOLOGY


#### **KARI, ELINA**

Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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: 299447

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network, UCSD Medical Group


### OTOLARYNGOLOGY


#### **KARI, ELINA**

Provider ID: 294828

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 857-8590

 After Hours Phone: (858) 857-8590

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD


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## D. Directorio de proveedores especialistas

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**

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## D. Directorio de proveedores especialistas

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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): Provider ID: 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: 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

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): Provider ID: 299611

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **OTOLARYNGOLOGY**

#### **WEISSBROD, PHILIP**

Provider ID: 299616

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **OTOLARYNGOLOGY**


#### **WEISSBROD, PHILIP**

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8590

 After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### **OTOLARYNGOLOGY**


#### **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






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## D. Directorio de proveedores especialistas

*Cultural Competency: N*  
*Hospital Affiliation: Stanford*  
*Health Care, LUCILE SALTER*  
*PACKARD CHILDRENS HOSP,*  
*UCSD LA JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OTOLARYNGOLOGY**

#### **YAN, CAROL**



*Provider ID: 242138*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9350 CAMPUS POINT DR  
 STE LLA  
 LA JOLLA, CA 92037  
 *Phone: (858) 657-8590*  
 *After Hours Phone: (858)*  
*657-8590*  
*Provider Gender: Female*  
*NPI: 1619237260*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Chinese*  
*Cultural Competency: N*  
*Hospital Affiliation: Stanford*  
*Health Care, LUCILE SALTER*  
*PACKARD CHILDRENS HOSP,*  
*UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OTOLARYNGOLOGY**








#### **YAN, CAROL**

*Provider ID: 298411*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1619237260*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Chinese*  
*Cultural Competency: N*  
*Hospital Affiliation: Stanford*  
*Health Care, LUCILE SALTER*  
*PACKARD CHILDRENS HOSP,*  
*UCSD LA JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PATHOLOGY ANATOMIC**

#### **FADARE, OLUWOLE**

*Provider ID: 275706*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Male*  
*NPI: 1619955804*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PATHOLOGY ANATOMIC**

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## D. Directorio de proveedores especialistas

### 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


Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): *Medi-Cal Open Panel: Yes*  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### **AISAGBONHI, OMONIGHO**

Provider ID: 201304

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043571045

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS GREEN


HOSPITAL, SCRIPPS GREEN

HOSPITAL

Min/Max Age: 0\None

American Sign Language (ASL): *Medi-Cal Open Panel: Yes*  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### **AISAGBONHI, OMONIGHO**

Provider ID: 275750

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043571045

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL


ENCINITAS, SCRIPPS GREEN

HOSPITAL, SCRIPPS GREEN  
HOSPITAL

American Sign Language (ASL): *Medi-Cal Open Panel: Yes*  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### **ALLEN, ELIZABETH**

Provider ID: 275757

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174814065

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

UCSD MEDICAL CTR, SCRIPPS




MERCY HOSPITAL CHULA

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## D. Directorio de proveedores especialistas

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: 275816  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1205288396  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL


**DON, MICHELLE**  
 Provider ID: 247149  
 Board Certified Specialty: No


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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 249-4410

 After Hours Phone: (858)  
249-4410

Provider Gender: Female

NPI: 1205288396

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PATHOLOGY ANATOMIC CLINICAL

#### ELKIND, JAE

Provider ID: 284903

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1922497700

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes

Min/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

 Accessibility: CONTACT

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## D. Directorio de proveedores especialistas

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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### PATHOLOGY ANATOMIC CLINICAL

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#### ROMA, ANDRES

Provider ID: 275827  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295912657

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PATHOLOGY ANATOMIC CLINICAL


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### SHABAİK, 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

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### PATHOLOGY ANATOMIC CLINICAL

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#### 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

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### PATHOLOGY ANATOMIC CLINICAL


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#### ZARE, SOMAYE

Provider ID: 275814

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1700334802

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## D. Directorio de proveedores especialistas

*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 JOLLA JOHN SALLY*




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


THORNTON, 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  
IPA: UCSD Medical Group



























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## D. Directorio de proveedores especialistas

<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>ALLERS, JENNA</b>            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</p>	<p>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</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>ARMEEN, GARY</b>            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)</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>BOYD, LISA</b>            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</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>BRUECKNER, TAMMIE</b>            Provider ID: 255557            Board Certified Specialty: No            UCSD MEDICAL GROUP   9300 CAMPUS POINT DR            LA JOLLA, CA 92037   Phone: (800) 926-8273   After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1407212376   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</p>



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## D. Directorio de proveedores especialistas

<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>CHERRY, REENA</b> 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	 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	Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group
<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>CHERRY, REENA</b> Provider ID: 269494 Board Certified Specialty: No UCSD MEDICAL GROUP  9400 CAMPUS POINT DR LA JOLLA, CA 92093	<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>COOKISH, DAVID</b> 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	<hr/> <b>PHYSICIANS ASSISTANT</b> <hr/> <b>CRIFE, TAYLOR</b> Provider ID: 210983 Board Certified Specialty: No UCSD MEDICAL GROUP  9300 CAMPUS POINT DR LA JOLLA, CA 92037  Phone: (800) 926-8273 Fax: (888) 539-8781  After Hours Phone: (800) 926-8273 Provider Gender: Female NPI: 1659827087  Provider English Spoken: Y Cultural Competency: N Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT








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## D. Directorio de proveedores especialistas

**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):  
 N

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## D. Directorio de proveedores especialistas


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **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**


#### **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**


#### **HUNTER, JACOB**

*Provider ID: 279334*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

 *Phone: (800) 826-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 826-8273*

*Provider Gender: Male*

*NPI: 1114459765*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*


### **PHYSICIANS ASSISTANT**

#### **HUNTER, JACOB**

*Provider ID: 298432*

*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1114459765*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 298429

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**

**HUNTER, JACOB**


Provider ID: 298431

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### **PHYSICIANS ASSISTANT**


**LEE, JENNIFER**

Provider ID: 309997

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265081871

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):





N  
 Accessibility: CONTACT



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## D. Directorio de proveedores especialistas


**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  
 MEDICAL CTR

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## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### 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):

N

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## D. Directorio de proveedores especialistas

 *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*

*Cultural Competency: N*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT


**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

 Accessibility: CONTACT PROVIDER

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## D. Directorio de proveedores especialistas

 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

IPA: UCSD Medical Group

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## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas


 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: 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

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## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### **BOOTH, CHRISTOPHER**

Provider ID: 209118

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568893162

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### **BOUTELLE, KERRI**

Provider ID: 240034

Board Certified Specialty: No  
UCSD MEDICAL GROUP

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780620906

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### **BOUTELLE, KERRI**

Provider ID: 258988

Board Certified Specialty: No  
UCSD MEDICAL GROUP

8950 VILLA LA JOLLA DR  
STE C212

LA JOLLA, CA 92037

Phone: (858) 246-1654

After Hours Phone: (858)  
246-1654

Provider Gender: Male

NPI: 1780620906

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### **BOUTELLE, KERRI**

Provider ID: 302876

Board Certified Specialty: No  
UCSD MEDICAL GROUP

3344 N TORREY PINES CT  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780620906

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT

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## D. Directorio de proveedores especialistas

### PROVIDER


 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: 255480

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093119364

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### PSYCHOLOGIST


#### DUARTE, KRISTEN

Provider ID: 255479

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093119364

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR










Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p style="text-align: center;"><b><u>PSYCHOLOGIST</u></b></p> <hr/> <p><b>EGAN, KAITLYN</b></p> <p><i>Provider ID: 311171</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 8950 VILLA LA JOLLA DR STE C101 LA JOLLA, CA 92037</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1629653860</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p style="text-align: center;"><b><u>PSYCHOLOGIST</u></b></p> <hr/> <p><b>EICHEN, DAWN</b></p> <p><i>Provider ID: 245715</i></p>	<p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 8950 VILLA LA JOLLA DR STE C101 LA JOLLA, CA 92037</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1861043366</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p style="text-align: center;"><b><u>PSYCHOLOGIST</u></b></p> <hr/> <p><b>EICHEN, DAWN</b></p> <p><i>Provider ID: 302888</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 3344 N TORREY PINES CT LA JOLLA, CA 92037</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800)</i></p>	<p><i>926-8273</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1861043366</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p style="text-align: center;"><b><u>PSYCHOLOGIST</u></b></p> <hr/> <p><b>EICHEN, DAWN</b></p> <p><i>Provider ID: 259524</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 8950 VILLA LA JOLLA DR STE C212 LA JOLLA, CA 92037</p> <p> <i>Phone: (858) 246-1654</i></p> <p><i>Fax: (858) 246-3181</i></p> <p> <i>After Hours Phone: (858) 246-1654</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1861043366</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL</i></p>
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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*



### **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*  
**UCSD MEDICAL GROUP**  
 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1659920403*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PSYCHOLOGIST**

**THOMAS, KELSEY**  
*Provider ID: 311589*  
*Board Certified Specialty: No*  
**UCSD MEDICAL GROUP**  
 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1700264264*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
**MEDICAL CTR**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **PSYCHOLOGIST**

**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): **BAILEY, JACOB**

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **PSYCHOLOGIST**


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**ZLATAR, ZVINKA**

Provider ID: 272712

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497139059

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **PULMONARY DISEASES**

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Provider ID: 299925

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598150039

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **PULMONARY DISEASES**


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**JOSHUA, JISHA**

Provider ID: 238060

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023436417

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Malayalam  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP CHULA VISTA MED  
CTR, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A  
IPA: UCSD Medical Group

### PULMONARY DISEASES

#### **PEARCE, ALEX**

Provider ID: 300054  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


Provider Gender: Female  
NPI: 1265896856

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group


### RADIATION ONCOLOGY

#### **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

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **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

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### **RADIOLOGY DIAGNOSTIC**

#### **BERMAN, ZACHARY**

Provider ID: 269319

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **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


### **RADIOLOGY DIAGNOSTIC**

#### **CARLSON, BLAKE**

Provider ID: 311136

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1548249956

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Eisenhower

Medical Center, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **CARSWELL, AIMEE**

Provider ID: 303056

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR,

UCSD MEDICAL CTR

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **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


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## D. Directorio de proveedores especialistas

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**

#### **GERST, SCOTT**

Provider ID: 311149

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184602872

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, KERN MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **GORDON, EMILE**

Provider ID: 311596

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184121899


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **GORDON, EMILE**

Provider ID: 311597

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184121899

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **GRISSOM, MURRAY**

Provider ID: 271568

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1720465396

 Provider English Spoken: Y  
Cultural Competency: N




Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

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## D. Directorio de proveedores especialistas

JOLLA JOHN SALLY  
THORNTON, Stanford Health  
Care, STANFORD HEALTH  
CARE TRI-VALLEY  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group



### **RADIOLOGY DIAGNOSTIC**

#### **HANNSUN, GEMMY**

Provider ID: 282790  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1992120026


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Khmer, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL): 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

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **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*

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### **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*

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### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### PROVIDER


 Website: N/A  
IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **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





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

CTR, SCRIPPS GREEN  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
GROSSMONT HOSPITAL,  
GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**





#### **SUN, ALEX**




Provider ID: 311566  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Provider Gender: Male  
 NPI: 1538502331  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL

CTR, SCRIPPS GREEN  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
GROSSMONT HOSPITAL,  
GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**








#### **TADDONIO, MICHAEL**

Provider ID: 240406  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Provider Gender: Male  
 NPI: 1386987261  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
CTR  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **TADROS, ANTHONY**

Provider ID: 268545  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
 Provider Gender: Male  
 NPI: 1306112057  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **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 /

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### NUTRITIONIST

#### **SIEVERING, DENISE**

Provider ID: 268249

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1356478929

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **BALL, STEPHEN**

Provider ID: 311014

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437644044

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **BERGERON, PATRICK**

Provider ID: 206533

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285061390

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **BERGERON, PATRICK**

Provider ID: 258296

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285061390

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/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

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## D. Directorio de proveedores especialistas

### THERAPIST

#### **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

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## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **REGISTERED PHYSICAL THERAPIST**


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#### **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

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### **REGISTERED PHYSICAL THERAPIST**

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#### **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

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### **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

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### **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

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## D. Directorio de proveedores especialistas

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### 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

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### 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

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### 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)




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

926-8273  
 Provider Gender: Male  
 NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### **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

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## D. Directorio de proveedores especialistas



### 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

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### 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: 211904

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037




Phone: (800) 926-8273



After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### SURGERY GENERAL


**AL-NOURI, OMAR**

Provider ID: 211905

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male




NPI: 1770742264

 Provider English Spoken: Y

 Provider Language(s)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas






Spoken: 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

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## D. Directorio de proveedores especialistas

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**

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## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **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)




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

657-8540  
 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### **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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **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

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **SURGERY ORTHOPEDIC**

#### **CHOI, JIHOON**

*Provider ID: 284786*

*Board Certified Specialty: No UCSD MEDICAL GROUP*

 *9400 CAMPUS POINT DR LA JOLLA, CA 92093*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8181*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1285097741*

 *Provider English Spoken: Y Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **SURGERY ORTHOPEDIC**

#### **GOEB, YANNICK**

*Provider ID: 284793*

*Board Certified Specialty: No UCSD MEDICAL GROUP*

 *9300 CAMPUS POINT DR LA JOLLA, CA 92037*

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*


 *After Hours Phone: (800)*

*926-8273*

*Provider Gender: Male*

*NPI: 1730542747*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: German, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA*

*JOLLA JOHN SALLY*

*THORNTON*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### **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





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




LA JOLLA, CA 92037  
 Phone: (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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group


### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




Cultural Competency: N  
 Hospital Affiliation: 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: 291382  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female  
 NPI: 1780940031

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**

Provider ID: 291381  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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: 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

### UROLOGY

#### **CRAWFORD, ELWARD**

Provider ID: 244131

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (858) 657-7876

Fax: (888) 539-8781

☎ After Hours Phone: (858) 657-7876

Provider Gender: Male

NPI: 1902814379

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### UROLOGY

#### **GRIFFITHS, LUKE**

Provider ID: 311498

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1760945836

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### UROLOGY

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Hospital Affiliation: 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

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## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (619) 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): Network

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

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




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### **MATERNAL AND FETAL MEDICINE**

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**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




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### **NEUROLOGY**

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**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

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### **OPHTHALMOLOGY**






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**BARNARD, LUKE**  
 Provider ID: 311673  
 Board Certified Specialty: No




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### COMMUNITY CARE IPA LLC

 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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas






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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (619) 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider Language(s)*  
Spoken: Spanish  
Cultural Competency: N  
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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas


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  
IPA: UCSD Medical Group

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM


 Website: N/A


IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER

#### **STEVENSON, REHEIA**

Provider ID: 210794  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1346696044

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED NURSE PRACTITIONER


#### **SYED-UDDIN, SUMIYAH**

Provider ID: 297771  
Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

 25500 MEDICAL CENTER  
DR


MURRIETA, CA 92562

 Phone: (951) 696-6124  
Fax: (951) 696-6293

 After Hours Phone: (951)  
696-6124

Provider Gender: Female  
NPI: 1225606478

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: 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

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## D. Directorio de proveedores especialistas




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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, 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*

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## D. Directorio de proveedores especialistas

REGIONAL MEDICAL CENTER,  
LOMA LINDA UNIVERSITY  
MED CTR MURRIETA,  
TEMECULA VALLEY HOSPITAL  
INC  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### INTERVENTIONAL CARDIOLOGY

**WETTERSTEN, NICHOLAS**  
Provider ID: 210605  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
41011 CALIFORNIA OAKS  
RD STE 104  
MURRIETA, CA 92562  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1063701068  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

**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


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8AM-5PM  
Website: N/A  
IPA: Rady Childrens Health  
Network, UCSD Medical Group

### MATERNAL AND FETAL MEDICINE

**MELBER, DORA**  
Provider ID: 296992  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
NPI: 1124413026  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hungarian,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO,




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas





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






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## D. Directorio de proveedores especialistas

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### 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

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## D. Directorio de proveedores especialistas

### NETWORK

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: 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

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## D. Directorio de proveedores especialistas


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

Medi-Cal Open Panel: Yes


Min/Max 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

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## D. Directorio de proveedores especialistas

**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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health

Network, UCSD Medical Group

### **OPHTHALMOLOGY**

#### **OHALLORAN, HENRY**

Provider ID: 215685  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951) 600-1640  
 Provider Gender: Male  
 NPI: 1235287947  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\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**

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas


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):

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

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## D. Directorio de proveedores especialistas

 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

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

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### 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

### 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

### PEDIATRIC EMERGENCY MEDICINE

**DO, STEPHANIE**

Provider ID: 216969  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 25500 MEDICAL CENTER DR  
 MURRIETA, CA 92562  
 Phone: (951) 696-6124  
 Fax: (951) 696-6293  
 After Hours Phone: (951) 696-6124  
 Provider Gender: Female  
 NPI: 1750513644  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Martin Luther King Jr Community Hospital, RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

**INDRA, SEAN**  
 Provider ID: 302626  
 Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### RADY CHILDRENS HEALTH NETWORK

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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.







## D. Directorio de proveedores especialistas




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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRIC 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<b><u>PEDIATRIC EMERGENCY</u></b> <b><u>MEDICINE</u></b>	<b>TRAN, THERESA</b>	<b><u>MEDICINE</u></b>
<p><b>TANG, ANDREW</b>  <i>Provider ID: 294678</i>  <i>Board Certified Specialty: No</i>  <i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 25500 MEDICAL CENTER DR  MURRIETA, CA 92562</p> <p> <i>Phone: (951) 696-6124</i>  <i>Fax: (951) 696-6293</i></p> <p> <i>After Hours Phone: (951) 696-6124</i></p> <p><i>Provider Gender: Male</i>  <i>NPI: 1184071516</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p><i>Provider ID: 301835</i>  <i>Board Certified Specialty: No</i>  <i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 25500 MEDICAL CENTER DR  MURRIETA, CA 92562</p> <p> <i>Phone: (951) 696-6124</i>  <i>Fax: (951) 696-6293</i></p> <p> <i>After Hours Phone: (951) 696-6124</i></p> <p><i>Provider Gender: Female</i>  <i>NPI: 1417496985</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish, Vietnamese</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE RANCHO SPRINGS 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></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>	<p><b>VEGA, CAROLINA</b>  <i>Provider ID: 309972</i>  <i>Board Certified Specialty: No</i>  <i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 25500 MEDICAL CENTER DR  MURRIETA, CA 92562</p> <p> <i>Phone: (951) 696-6161</i>  <i>Fax: (951) 696-6293</i></p> <p> <i>After Hours Phone: (951) 696-6161</i></p> <p><i>Provider Gender: Female</i>  <i>NPI: 1427442086</i></p> <p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, 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></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i>  <i>IPA: Rady Childrens Health Network</i></p>
<p><b><u>PEDIATRIC EMERGENCY</u></b> <b><u>MEDICINE</u></b></p>	<p><b><u>PEDIATRIC EMERGENCY</u></b></p>	<p><b><u>PEDIATRIC ENDOCRINOLOGY</u></b>  <b>RANADIVE, SAYALI</b>  <i>Provider ID: 311395</i>  <i>Board Certified Specialty: No</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRICS


**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

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### 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

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### 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

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### PHYSICAL MEDICINE / REHABILITATION

**BIFFL, SUSAN**







Provider ID: 283113

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 25170 HANCOCK AVE




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas

NPI: 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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

### 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):*

 *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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas









 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

📞 After Hours Phone: (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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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










Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas










**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


DIEGO 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: 206092

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950

 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)  
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT,  
Community Care IPA LLC,  
Rady Childrens Health  
Network


### OBSTETRICS / GYNECOLOGY

**DELROSARIO, GELEN**


Provider ID: 257478

Board Certified Specialty: No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950

 Phone: (619) 475-1261

Fax: (619) 475-1267

 After Hours Phone: (619)  
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N


Hospital Affiliation: SHARP


CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT,  
Community Care IPA LLC,  
Rady Childrens Health  
Network


### OBSTETRICS / GYNECOLOGY

**DELROSARIO, GELEN**


Provider ID: 269247

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950


 Phone: (619) 475-1261


Fax: (619) 475-1267

 After Hours Phone: (619)  
475-1261

Provider Gender: Female

NPI: 1255643474

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP


CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: BLUE SHIELD PROMISE

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## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Cultural Competency: N  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### OPTOMETRIST

#### KOO, ANITA

Provider ID: 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

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## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### 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



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

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,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

SCRIPPS MERCY HOSPITAL  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ *After Hours Phone: (619) 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: 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**

#### **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**

#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas




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

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### **CERTIFIED NURSE** **PRACTITIONER**

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**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

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### **CERTIFIED NURSE** **PRACTITIONER**

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**CHILAKA, SAMUEL**  
 Provider ID: 301314  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Male  
 NPI: 1679140644  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8AM-8PM




F 8AM-5PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

---

### **CERTIFIED NURSE** **PRACTITIONER**

---

**CHILAKA, SAMUEL**  
 Provider ID: 301315  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Male  
 NPI: 1679140644  
 Provider English Spoken: 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: 301313

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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

#### **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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider ID: 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

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## D. Directorio de proveedores especialistas




 517 N HORNE ST  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
Fax: (760) 414-3892  
 After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
NPI: 1013668680  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**

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
**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

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### **CERTIFIED NURSE PRACTITIONER**



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**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**

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**HUERTA, STEVEN**  
Provider ID: 311300  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 Phone: (760) 631-5000

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (760) 414-3892

 After Hours Phone: (760) 631-5000

Provider Gender: 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

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### CERTIFIED NURSE PRACTITIONER


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#### **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


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#### **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


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#### **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

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### CERTIFIED NURSE PRACTITIONER


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#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1245695006

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network

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### CERTIFIED NURSE PRACTITIONER


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#### **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

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### CERTIFIED NURSE PRACTITIONER


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#### **KELLEHER, BRIDGET**

Provider ID: 298082

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

 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

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### CERTIFIED NURSE PRACTITIONER


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#### **LANG, LESLIE**

Provider ID: 308045

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1457366130

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes



Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### **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

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### **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

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### **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

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



### PROVIDER

 Hours: M-F 9AM-5PM  
 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER


#### **NIBBELINK AHEARN, SANDRA**

Provider ID: 310107  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP


 3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
 Phone: (760) 967-9900  
Fax: (760) 967-6769


 After Hours Phone: (760)  
967-9900


Provider Gender: Female  
NPI: 1326513441

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

#### **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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### **CERTIFIED NURSE PRACTITIONER**


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**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*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 12\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
 SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
 Rady Childrens Health  
 Network

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### **CERTIFIED 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

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### **CHIROPRACTOR**


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#### **ANDREWS, BRAD**

Provider ID: 290542

Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP

 619 CROUCH ST  
 OCEANSIDE, CA 92054

 Phone: (760) 736-6767  
 Fax: (760) 736-6744

 After Hours Phone: (760)  
 736-6767

Provider Gender: Male

NPI: 1750791745

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT 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








Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.











## D. Directorio de proveedores especialistas

 *Provider 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)*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

*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,*

*Sharp Grossmont Hospital,*

*SOUTHWEST HEALTHCARE*

*INLAND VALLEY HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*


*American Sign Language (ASL):*

*N*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health*

*Network*

### MATERNAL AND FETAL

#### MEDICINE

**RICHARDSON, ALVIE**

*Provider ID: 264686*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

**NETWORK**

### MATERNAL AND FETAL

#### MEDICINE

**SCHWENDEMANN, WADE**

*Provider ID: 205437*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

**NETWORK**

 3605 VISTA WAY STE 172

### MATERNAL AND FETAL

#### MEDICINE

**WESTERMANN, MELISSA**


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## D. Directorio de proveedores especialistas

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


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## D. Directorio de proveedores especialistas

 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

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

### 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





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## D. Directorio de proveedores especialistas

 *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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### 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

#### **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

#### **KIM, MICHAEL**

Provider ID: 290902

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1164546313

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8AM-5PM  
M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

#### **KIM, MICHAEL**

Provider ID: 290904

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1164546313

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

M-F 8AM-5PM  
 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

#### 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



#### 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



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## D. Directorio de proveedores especialistas

 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):

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## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### 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*

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### 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*

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### 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*

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### PEDIATRIC EMERGENCY MEDICINE

#### **AGHILI, ROXANA**

*Provider ID: 303781*

*Board Certified Specialty: No*

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## D. Directorio de proveedores especialistas

### RADY CHILDRENS HEALTH NETWORK








 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

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







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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

☎ 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:

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## D. Directorio de proveedores especialistas

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
























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## D. Directorio de proveedores especialistas

<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL): N</i></p>	<p><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><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>
<hr/>		
<p> <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 style="text-align: center;"><b><u>SURGERY PEDIATRIC</u></b></p> <p><b>FAIRBANKS, TIMOTHY</b>  <i>Provider ID: 205498</i>  <i>Board Certified Specialty: No</i>  <i>RADY CHILDRENS HEALTH NETWORK</i>   3605 VISTA WAY STE 172  OCEANSIDE, CA 92056   <i>Phone: (760) 547-1020</i>  <i>Fax: (760) 547-1021</i>   <i>After Hours Phone: (760) 547-1020</i>  <i>Provider Gender: Male</i>  <i>NPI: 1407010556</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i></p>	<p style="text-align: center;"><b><u>SURGERY PEDIATRIC</u></b></p> <p><b>KLING, KAREN</b>  <i>Provider ID: 206129</i>  <i>Board Certified Specialty: No</i>  <i>RADY CHILDRENS HEALTH NETWORK</i>   3605 VISTA WAY STE 172  OCEANSIDE, CA 92056   <i>Phone: (760) 547-1020</i>  <i>Fax: (760) 547-1021</i>   <i>After Hours Phone: (760) 547-1020</i>  <i>Provider Gender: Female</i>  <i>NPI: 1982775144</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>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</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\19</i>  <i>American Sign Language (ASL):</i></p>
<hr/>		
<p style="text-align: center;"><b><u>SURGERY ORTHOPEDIC</u></b></p> <p><b>UPASANI, VIDYADHAR</b>  <i>Provider ID: 260954</i>  <i>Board Certified Specialty: No</i>  <i>RADY CHILDRENS HEALTH NETWORK</i>   3605 VISTA WAY STE 172  OCEANSIDE, CA 92056   <i>Phone: (760) 547-1020</i>  <i>Fax: (760) 547-1021</i>   <i>After Hours Phone: (760) 547-1020</i>  <i>Provider Gender: Male</i>  <i>NPI: 1548417652</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i>  <i>Medi-Cal Open Panel: Yes</i></p>		

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health Network</i></p>	<p><i>IPA: Rady Childrens Health Network</i></p> <p style="text-align: center;"><b>PERRIS</b></p> <p style="text-align: center;"><b>CERTIFIED NURSE PRACTITIONER</b></p> <p><b>BLAND, JACELIS</b></p> <p><i>Provider ID: 296767</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 1675 N PERRIS BLVD STE G1 PERRIS, CA 92571</p> <p> <i>Phone: (760) 736-7676</i></p> <p><i>Fax: (760) 736-6744</i></p> <p> <i>After Hours Phone: (760) 736-7676</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1801522859</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM SA 8AM-4:30PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p>	<p style="text-align: center;"><b>MANAGEMENT</b></p> <p><b>BROWNLOW, ROY</b></p> <p><i>Provider ID: 308113</i></p> <p><i>Board Certified Specialty: No IHP OF SOUTHERN CAL-PHP</i></p> <p> 15725 POMERADO RD STE 201 POWAY, CA 92064</p> <p> <i>Phone: (760) 610-0522</i></p> <p><i>Fax: (760) 610-0523</i></p> <p> <i>After Hours Phone: (760) 610-0522</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1205949914</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TH 8AM-5PM F 8:30AM-12:30PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>
<p style="text-align: center;"><b>SURGERY PEDIATRIC</b></p> <p><b>THOMPSON, KYLE</b></p> <p><i>Provider ID: 310988</i></p> <p><i>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056</p> <p> <i>Phone: (760) 547-1020</i></p> <p><i>Fax: (760) 547-1021</i></p> <p> <i>After Hours Phone: (760) 547-1020</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1598147050</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: French</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\19</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p>	<p style="text-align: center;"><b>POWAY</b></p> <p style="text-align: center;"><b>ANESTHESIOLOGY PAIN</b></p>	<p style="text-align: center;"><b>ANESTHESIOLOGY PAIN MANAGEMENT</b></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

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

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## D. Directorio de proveedores especialistas

Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: 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

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## D. Directorio de proveedores especialistas

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






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## D. Directorio de proveedores especialistas




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

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## D. Directorio de proveedores especialistas

### 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)


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## D. Directorio de proveedores especialistas

<p>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</p>	<p>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</p>	<p>N   Accessibility: CONTACT PROVIDER   Hours: M-F 9AM-5PM   Website: N/A            IPA: Rady Childrens Health Network</p>
<b>PODIATRIST</b>		
<p><b>KIM, MICHELLE</b>            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</p>	<p><b>BRAZIER, SETH</b>            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):</p>	<p><b>HAN, KYOUNG</b>            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</p>









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## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: IHP of Southern Cal-PHP,  
 Rady Childrens Health  
 Network

### PODIATRIST









#### HAN, KYOUNG

Provider ID: 296326  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 15706 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 Phone: (858) 485-1494  
 Fax: (858) 485-1515  
 After Hours Phone: (858)  
 485-1494  
 Provider Gender: Female  
 NPI: 1083954671  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Japanese, Korean  
 Cultural Competency: N  
 Hospital Affiliation:  
 SADDLEBACK MEMORIAL  
 MED CTR, PALOMAR HEALTH,  
 PALOMAR MEDICAL CENTER  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP,

Rady Childrens Health  
 Network

### PODIATRIST

#### 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



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## D. Directorio de proveedores especialistas

 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






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## D. Directorio de proveedores especialistas

 *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*

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## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

<p><b>ALLERGY IMMUNOLOGY</b></p> <p><b>BALUCH, NARGES</b>            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   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health Network</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   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: UCSD Medical Group</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><b>ALLERGY IMMUNOLOGY</b></p> <p><b>JAMES, CHRISTINE</b>            Provider ID: 284917</p>	<p><b>ALLERGY IMMUNOLOGY</b></p> <p><b>RIEDL, MARC</b>            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><b>ANESTHESIOLOGY</b></p> <p><b>ALEXANDER, BRENTON</b>            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>

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### ANESTHESIOLOGY

**BECERRA SONGOLO, TOSHA**

Provider ID: 300068

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265938724


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### ANESTHESIOLOGY


**BRUNO, KELLY**

Provider ID: 238903

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891130993

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### ANESTHESIOLOGY

**CABANISS, SCOTT**

Provider ID: 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):  
N

 Accessibility: CONTACT PROVIDER

 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):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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## D. Directorio de proveedores especialistas

**ANESTHESIOLOGY**

**CANO, SARAH**  
 Provider ID: 200959  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
 SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273  
 📞 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1750517306

🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS GREEN  
 HOSPITAL

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

🕒 Hours: M-F 8AM-5PM  
 🌐 Website: N/A  
 IPA: UCSD Medical Group

**ANESTHESIOLOGY**

**CHAN, CHI-BEW**  
 Provider ID: 310043  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

📍 6655 ALVARADO RD  
 SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273  
 📠 Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1205966264

🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 GROSSMONT HOSPITAL,  
 SHARP MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 TRI CITY MEDICAL CTR, SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS,  
 DAMERON HOSPITAL ASSOC,  
 DAMERON HOSPITAL ASSOC,  
 SHARP CHULA VISTA MED  
 CTR, SHARP CORONADO  
 HOSP AND HEALTHCARE CTR,  
 SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT

PROVIDER  
 🌐 Website: N/A  
 IPA: UCSD Medical Group

**ANESTHESIOLOGY**

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 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

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### 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


#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **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):

 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

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## D. Directorio de proveedores especialistas

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group

### **ANESTHESIOLOGY**


#### **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

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## D. Directorio de proveedores especialistas

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (619) 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

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## D. Directorio de proveedores especialistas


**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 Website: N/A  
IPA: UCSD Medical Group


### **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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

SAN DIEGO, CA 92103  
 Phone: (619) 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



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP



 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):

N

 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### **CERTIFIED ACUPUNCTURIST**

**DISTEFANO, KIMBERLY**

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## D. Directorio de proveedores especialistas

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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### 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

#### **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


#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED ACUPUNCTURIST**


#### **LEE, JIHYUNG**

Provider ID: 312190

Board Certified Specialty: No

UCSD MEDICAL GROUP

 9333 GENESEE AVE  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1073212338

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED ACUPUNCTURIST**


#### **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

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### **CERTIFIED ACUPUNCTURIST**


#### **SEITZ, GRETCHEN**

Provider ID: 246474

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 9995 CARMEL MOUNTAIN  
RD STE B10-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

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

SA 8AM-5PM  
Website: N/A  
IPA: Community Care IPA LLC

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### CERTIFIED NURSE PRACTITIONER

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#### **AGUILA, YESENIA**

Provider ID: 304624  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Phone: (619) 266-3332

Fax: (619) 266-6000

After Hours Phone: (619)  
266-3332

Provider Gender: Female

NPI: 1245966092

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

---

### 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

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#### **AMOS, MARIA**

Provider ID: 291439

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235891953

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

---

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.








## D. Directorio de proveedores especialistas

**PROVIDER**  
 Website: N/A  
IPA: UCSD Medical Group

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### **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





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### **CERTIFIED NURSE** **PRACTITIONER**

---

**BAKER, TANYA**  
Provider ID: 255625  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (858) 534-8019  
 After Hours Phone: (858)  
534-8019





Provider Gender: Female  
NPI: 1699184259  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

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### **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

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### **CERTIFIED NURSE** **PRACTITIONER**

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**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **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

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### **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

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **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

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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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**CERTIFIED NURSE**  
**PRACTITIONER**

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**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*

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**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*

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**CERTIFIED NURSE**  
**PRACTITIONER**



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**CAPOZZI, JENNIFER**

*Provider ID: 241031*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1336258276*




 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):*

N





 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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**CERTIFIED NURSE**  
**PRACTITIONER**

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**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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

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### **CERTIFIED NURSE** **PRACTITIONER**

#### **DAVIES, SUMMER**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### CERTIFIED NURSE PRACTITIONER

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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### **CERTIFIED NURSE PRACTITIONER**


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#### **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

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### **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

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### **CERTIFIED NURSE PRACTITIONER**


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#### **DRISCOLL, KARRIE**

Provider ID: 286345

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122  
 Phone: (800) 926-8273

Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396085098


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


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#### **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

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### **CERTIFIED NURSE PRACTITIONER**

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## D. Directorio de proveedores especialistas

### **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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


### CERTIFIED NURSE PRACTITIONER

#### **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

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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#### **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

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### CERTIFIED NURSE PRACTITIONER

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#### **GOMEZ, LESLIE**

Provider ID: 299468

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER

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#### **GRAYSON, ANDREA**

Provider ID: 310325

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1447577671


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: Community Care IPA LLC

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### CERTIFIED NURSE PRACTITIONER


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#### **HA, THU**

Provider ID: 293261

Board Certified Specialty: No  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**HA, THU**

Provider ID: 293260

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1346443983

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE

### PRACTITIONER


**HARKNESS, RUMIKO**

Provider ID: 208841

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487785093

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### CERTIFIED NURSE PRACTITIONER

**HART, BECKY**

Provider ID: 305337

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 233-8500

Fax: (619) 687-1067

 After Hours Phone: (619)

233-8500

Provider Gender: Female

NPI: 1316626344


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### CERTIFIED NURSE PRACTITIONER

**HEAD, KRISTIN**


Provider ID: 268656

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): IPA: Community Care IPA LLC  
N

 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

F 8:30AM-5:30PM  
SA 9AM-4PM  
 Website: N/A  
IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER


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#### **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

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### CERTIFIED NURSE PRACTITIONER


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#### **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

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### CERTIFIED NURSE PRACTITIONER


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#### **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

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### CERTIFIED NURSE PRACTITIONER


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#### **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):




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>IHP OF SOUTHERN CAL-PHP</i>   7011 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 810-8700</i>   <i>Fax: (858) 633-4680</i>   <i>After Hours Phone: (858) 810-8700</i></p>	<p><i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>
<hr/>		
<b><u>CERTIFIED NURSE</u></b>		
<b><u>PRACTITIONER</u></b>		
<p><b>KIDANE, ZINNIA</b>  <i>Provider ID: 302426</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   6973 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 279-0925</i>   <i>Fax: (858) 633-4680</i>   <i>After Hours Phone: (858) 279-0925</i>  <i>Provider Gender: Female</i>  <i>NPI: 1780334110</i>   <i>Provider English Spoken: Y</i></p>	<p><i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>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/>		
<b><u>CERTIFIED NURSE</u></b>		
<b><u>PRACTITIONER</u></b>		
<p><i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><b>LAFORTEZA, JOZELLE</b>  <i>Provider ID: 202666</i>  <i>Board Certified Specialty: No</i>  <i>UCSD MEDICAL GROUP</i>   9333 GENESEE AVE STE 200            SAN DIEGO, CA 92121   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1538578307</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Tagalog</i></p>	<p><b>LANE, KIMBERLY</b>  <i>Provider ID: 301597</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   11770 BERNARDO PLAZA CT STE 270            SAN DIEGO, CA 92128   <i>Phone: (858) 485-0554</i>   <i>Fax: (858) 429-7933</i>   <i>After Hours Phone: (858) 485-0554</i>  <i>Provider Gender: Female</i>  <i>NPI: 1457670119</i>   <i>Provider English Spoken: Y</i></p>
<hr/>		
<b><u>CERTIFIED NURSE</u></b>		
<b><u>PRACTITIONER</u></b>		
<p><b>KIDANE, ZINNIA</b>  <i>Provider ID: 302427</i>  <i>Board Certified Specialty: No</i></p>	<p><i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 16\None</i>  <i>American Sign Language (ASL):</i>            N</p>	<p><i>N</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*


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**CERTIFIED NURSE**  
**PRACTITIONER**


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**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*

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**CERTIFIED NURSE**  
**PRACTITIONER**


---


**LANE, KIMBERLY**

*Provider ID: 301601*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 3444 KEARNY VILLA RD  
 STE 202  
 SAN DIEGO, CA 92123

 *Phone: (858) 430-1101*  
*Fax: (858) 429-7929*

 *After Hours Phone: (858) 430-1101*


*Provider Gender: Female*  
*NPI: 1457670119*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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**CERTIFIED NURSE**  
**PRACTITIONER**


---

**LANE, KIMBERLY**

*Provider ID: 301603*

*Board Certified Specialty: No*  
*IHP OF SOUTHERN CAL-PHP*

 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103

 *Phone: (619) 297-4707*  
*Fax: (858) 429-7927*

 *After Hours Phone: (619) 297-4707*


*Provider Gender: Female*  
*NPI: 1457670119*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 16\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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**CERTIFIED NURSE**  
**PRACTITIONER**


---

**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas






 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*




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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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*



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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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*





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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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*



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### **CERTIFIED NURSE** **PRACTITIONER**

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#### **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*







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas







**PROVIDER**  
 Hours: M-TH 8AM-6PM  
 F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### **CERTIFIED NURSE PRACTITIONER**


**MICK, SHARON**  
 Provider ID: 299648  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1891061966  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group






### **CERTIFIED NURSE**

### **PRACTITIONER**






**MICK, SHARON**  
 Provider ID: 299647  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1891061966  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### **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**






**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)

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## D. Directorio de proveedores especialistas








Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

**MIDORO, ABEGAILLE**  
 Provider ID: 303829  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 10737 CAMINO RUIZ STE  
 235  
 SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 Fax: (858) 578-4417  
 After Hours Phone: (844)  
 200-2426  
 Provider Gender: Female  
 NPI: 1952925851  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):









N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10AM-7PM  
 TH-F 8:30AM-5:30PM  
 Website: N/A  
 IPA: Community Care IPA LLC

### CERTIFIED NURSE PRACTITIONER

**MILLER, EVA**  
 Provider ID: 255833  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Phone: (619) 471-9210  
 After Hours Phone: (619)  
 471-9210  
 Provider Gender: Female  
 NPI: 1043492523  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### CERTIFIED NURSE

### PRACTITIONER


**MOHEBBI, ATHENA**  
 Provider ID: 201325  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE  
 P2  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1952627176  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 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

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## D. Directorio de proveedores especialistas

 Phone: (619) 234-2158

Fax: (619) 234-0206

 After Hours Phone: (619) 234-2158

Provider Gender: Female

NPI: 1730730649


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER

**MULVEY, CAOILFHIONN**

Provider ID: 291419

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1184386864

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


**NEJATI, FRESHTA**

Provider ID: 214112

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1831598119

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE


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### PRACTITIONER

**NETZEL, JENNIFER**

Provider ID: 291348

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1336896232

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---


### 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

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## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 1336896232


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


---

**NETZEL, JENNIFER**

Provider ID: 291347

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336896232


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### CERTIFIED NURSE PRACTITIONER


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**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

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### 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

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### CERTIFIED NURSE PRACTITIONER

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**O'CONNELL, STEFANY**








Provider ID: 296846

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP




 1016 OUTER RD




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## D. Directorio de proveedores especialistas






SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Provider Gender: Female  
 NPI: 1386378479  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP




### CERTIFIED NURSE PRACTITIONER

**OREJEL, EDITH**  
 Provider ID: 296716  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Provider Gender: Female  
 NPI: 1073278180  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish




Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 5:30PM-8:30PM  
 W 8:30AM-5:30PM  
 TH 5:30PM-8:30PM  
 F 8:30AM-5:30PM  
 SA 9AM-4PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### 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

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## D. Directorio de proveedores especialistas

<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>PACE, RACHELLE</b>  <i>Provider ID: 309961</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   6655 ALVARADO RD            SAN DIEGO, CA 92120   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1588334973</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD</i>  <b>MEDICAL CTR</b>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p> <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1255762167</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD</i>  <b>MEDICAL CTR, UCSD LA</b>  <b>JOLLA JOHN SALLY</b>  <b>THORNTON</b>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p><b>MEDICAL CTR</b>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>
<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>PAI, SARAH</b>  <i>Provider ID: 276870</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   350 DICKINSON ST            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i></p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>PAPPALARDO, ASHLEY</b>  <i>Provider ID: 311107</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   200 W ARBOR DR            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1386302099</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD</i></p>	<p align="center"><b><u>CERTIFIED NURSE</u></b> <b><u>PRACTITIONER</u></b></p> <p><b>PATIAG, DANIEL</b>  <i>Provider ID: 293248</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   6973 LINDA VISTA RD            SAN DIEGO, CA 92111   <i>Phone: (858) 279-0925</i>  <i>Fax: (858) 633-4680</i>   <i>After Hours Phone: (858) 279-0925</i>  <i>Provider Gender: Male</i>  <i>NPI: 1073169769</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Tagalog</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 14\None</i>  <i>American Sign Language (ASL):</i>            N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>

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## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas






*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY*  
**THORNTON, 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 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

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### CERTIFIED NURSE PRACTITIONER


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#### **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

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### CERTIFIED NURSE PRACTITIONER

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#### **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

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### CERTIFIED NURSE PRACTITIONER


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#### **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

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### CERTIFIED NURSE PRACTITIONER

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#### **SANTANGELO, JOANNE**

Provider ID: 293285

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IHP OF SOUTHERN CAL-PHP

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

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### **CERTIFIED NURSE PRACTITIONER**

**SANTANGELO, JOANNE**

Provider ID: 293286

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1619370475

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

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### **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

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### **CERTIFIED NURSE PRACTITIONER**

**SATTERWHITE, MAURINE**

Provider ID: 293259

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1225012842

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

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### **CERTIFIED NURSE PRACTITIONER**

**SEARS-WILEY, ELIZABETH**

Provider ID: 276851

Board Certified Specialty: No  
UCSD MEDICAL GROUP

350 DICKINSON ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273


Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Provider Gender: Female  
NPI: 1215394382


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


#### **SELBY, BLAKE**

Provider ID: 246423

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417194358

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED NURSE PRACTITIONER**


#### **SELBY, BLAKE**

Provider ID: 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

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### **CERTIFIED NURSE PRACTITIONER**

#### **SIETSMAN, 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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<b>CERTIFIED NURSE PRACTITIONER</b>		
<b>SWARTZ, ERIN</b> 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	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	THORNTON, UCSD MEDICAL CTR Medi-Cal Open Panel: Yes Min/Max Age: 0\None American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER  Hours: M-F 8AM-5PM  Website: N/A IPA: UCSD Medical Group
<b>CERTIFIED NURSE PRACTITIONER</b>	<b>CERTIFIED NURSE PRACTITIONER</b>	<b>CERTIFIED NURSE PRACTITIONER</b>
<b>TAING, JENNIFER</b> 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)	<b>TALBOT, ADRIANNE</b> 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	<b>THOMPSON, COURTNEY</b> 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **TOPPEN, LAURA**

*Provider ID: 215477*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*




 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1326563495*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### **CERTIFIED NURSE** **PRACTITIONER**

---


#### **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*

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### **CERTIFIED NURSE** **PRACTITIONER**


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#### **TUCKER, LANIKA**



*Provider ID: 307657*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*

 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1477325181*

 *Provider English Spoken: Y*

*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

---

### **CERTIFIED NURSE** **PRACTITIONER**


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#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### PROVIDER


 Website: N/A  
IPA: 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

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## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE ANESTHETIST**

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#### **ALFONSO, ALVIN**

Provider ID: 256374  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952653404

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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**

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#### **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

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### **CERTIFIED REGISTERED NURSE ANESTHETIST**

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#### **BAYLIS, CHRISTOPHER**

Provider ID: 240763

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1174893358

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

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## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE ANESTHETIST**


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**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


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### **CERTIFIED REGISTERED NURSE ANESTHETIST**

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**BOEING, KRISTINA**  
Provider ID: 274397  
Board Certified Specialty: No

UCSD MEDICAL GROUP  
 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


Provider Gender: Female  
NPI: 1205134301

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE ANESTHETIST**


---

**BURROWS, TERENCE**


Provider ID: 256694  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273


Provider Gender: Male  
NPI: 1023194560

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **CERTIFIED REGISTERED NURSE ANESTHETIST**

---

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): 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

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **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

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## D. Directorio de proveedores especialistas

 *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,*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 210019

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


 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


**GOODWIN, RACHEL**


Provider ID: 210018

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1518274919

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### CERTIFIED REGISTERED

#### NURSE MIDWIFE

**GREAR MANN, MELISSA**


Provider ID: 210052

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


 After Hours Phone: (800)  
926-8273

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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: 210053

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255384475

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

### **GUNTHER, HOPE**


Provider ID: 210041

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON


SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1285667741

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


### **HIRSCH, JENNIFER**


Provider ID: 210058

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON


SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891752069

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


### **HIRSCH, JENNIFER**


Provider ID: 210055

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (619) 543-7878


 After Hours Phone: (619)  
543-7878

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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

NPI: 1891752069

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**

**NATHAN, CARLY**

Provider ID: 301047

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235670977

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


**NATHAN, CARLY**

Provider ID: 301048

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235670977

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### **CHIROPRACTOR**


**BUI, MAI**

Provider ID: 295791


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 5354 UNIVERSITY AVE STE  
3

SAN DIEGO, CA 92105


 Phone: (619) 692-3211

Fax: (619) 640-3211

 After Hours Phone: (619)  
692-3211

Provider Gender: Female

NPI: 1780901264




 Provider English Spoken: Y

 Provider Language(s)






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas









Spoken: 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**




**BUI, MAI**  
 Provider ID: 289496  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 10717 CAMINO RUIZ STE 137  
 SAN DIEGO, CA 92126  
 Phone: (619) 692-3211  
 Fax: (619) 640-3211  
 After Hours Phone: (619) 692-3211  
 Provider Gender: Female  
 NPI: 1780901264  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM SA 9AM-4PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP,

Imperial Health Holdings Medical Group-SD



### **CHIROPRACTOR**

**CHAMPAGNE, ALLISON**  
 Provider ID: 310817  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 2630 1ST AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
 Fax: (619) 234-0206  
 After Hours Phone: (619) 234-2158  
 Provider Gender: Female  
 NPI: 1861957482

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **CHIROPRACTOR**

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (619) 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: 291546

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 9995 CARMEL MOUNTAIN RD STE D  
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

Fax: (619) 399-5959

 After Hours Phone: (844) 200-2426

Provider Gender: Male

NPI: 1821463159

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC


### CHIROPRACTOR

#### 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

<p style="text-align: center;"><b>DERMATOLOGY</b></p> <p><b>LIU, YUJIE</b>            Provider ID: 308315            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>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</p>	<p>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</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;"><b>DERMATOLOGY</b></p> <p><b>MALONEY, NOLAN</b>            Provider ID: 311459            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>8899 UNIVERSITY CENTER LN STE 220            SAN DIEGO, CA 92122            Phone: (800) 926-8273</p>	<p style="text-align: center;"><b>DERMATOLOGY</b></p> <p><b>SHI, VERONICA</b>            Provider ID: 286335            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>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</p>	<p style="text-align: center;"><b>DERMATOLOGY</b></p> <p><b>SHI, VERONICA</b>            Provider ID: 271713            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>8899 UNIVERSITY CENTER LN STE 350            SAN DIEGO, CA 92122            Phone: (858) 657-8322            Fax: (888) 539-8781            After Hours Phone: (858) 657-8322            Provider Gender: Female            NPI: 1366897464            Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR            Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL): N            Accessibility: CONTACT PROVIDER            Hours: M-F 8AM-5PM            Website: N/A            IPA: UCSD Medical Group</p>

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## D. Directorio de proveedores especialistas

### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas





<p><b>EMERGENCY MEDICINE</b></p> <p><b>AUSTIN, ANDREA</b>            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>
<p><b>EMERGENCY MEDICINE</b></p> <p><b>BAGBY, JESSICA</b></p>	<p><b>EMERGENCY MEDICINE</b></p> <p><b>BARRY, JEFFREY</b>            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>	<p><b>EMERGENCY MEDICINE</b></p> <p><b>BARRY, JEFFREY</b>            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>




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group

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### **EMERGENCY MEDICINE**

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#### **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

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### **EMERGENCY MEDICINE**


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#### **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

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### **EMERGENCY MEDICINE**

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#### **CASTELLANO, TIFFANY**

Provider ID: 301706

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1063893063

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **EMERGENCY MEDICINE**


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#### **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


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## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### 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

#### 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

#### 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

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Phone: (800) 926-8273  
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

200 W ARBOR DR  
SAN DIEGO, CA 92103

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## D. Directorio de proveedores especialistas


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 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

 Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-8PM

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### LIPPI, MATTHEW


Provider ID: 311492

Board Certified Specialty: No

UCSD MEDICAL GROUP

 6655 ALVARADO RD

SAN DIEGO, CA 92120


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932736485

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### MCDANIEL, MICHELE


Provider ID: 246901


Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1366761959

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

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## D. Directorio de proveedores especialistas

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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM

 Website: N/A  
IPA: Rady Childrens Health  
Network


### EMERGENCY MEDICINE


#### PHAM, LILY

Provider ID: 304937

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1811423072

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### EMERGENCY MEDICINE


#### RUDOLF, FRANCES

Provider ID: 240159

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 657-7000

 After Hours Phone: (858)  
657-7000

Provider Gender: Female

NPI: 1821487430

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

SAN DIEGO, CA 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: 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**


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.









## D. Directorio de proveedores especialistas

 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





Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Cultural Competency: N  
Hospital Affiliation: 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): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group



### **FAMILY PRACTICE**

#### **CHEN, ALICE**




Provider ID: 207164  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1265810337

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese




Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group



### **FAMILY PRACTICE**

#### **CHEN, ALICE**




Provider ID: 207163  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1265810337

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A

IPA: UCSD Medical Group

### **FAMILY PRACTICE**

#### **DANG, LAUREL**

Provider ID: 309605  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 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

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### **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

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### **FAMILY PRACTICE**


**JOLICOEUR, MEGAN**

Provider ID: 300058

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9333 GENESEE AVE  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1114366192

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **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

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*  
*MEDICAL CTR*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### FAMILY PRACTICE


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#### 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*

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### FAMILY PRACTICE

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#### 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*

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### FAMILY PRACTICE

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#### 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*

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### 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: 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**


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


### 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



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas






SAN DIEGO, CA 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: 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

### 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

### GASTROENTEROLOGY

**ANAND, GOBIND**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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 N

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/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):

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**

Provider ID: 311340

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Phone: (619) 266-3332

Fax: (619) 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

RADY CHILDRENS HEALTH

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### NETWORK

3030 CHILDRENS WAY FL  
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  
Cultural Competency: N


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


Hospital Affiliation: 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):  **TSAI, MATTHEW**

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**

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

 After Hours Phone: (800)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

926-8273

Provider Gender: 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):

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

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

### 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**


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider ID: 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):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---

### GENETICS MEDICAL


**NIEMI, ANNA-KAISA**

Provider ID: 307094

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK


 7920 FROST ST STE 200  
SAN DIEGO, CA 92123


 Phone: (858) 966-5840  
Fax: (858) 966-8550

 After Hours Phone: (858)  
966-5840

Provider Gender: Female

NPI: 1497941397

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Finnish, French,  
German, Spanish, Swedish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

---


### HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE**

Provider ID: 268691

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 9340 CLAIREMONT MESA  
BLVD STE D

SAN DIEGO, CA 92123  
 Phone: (858) 278-9911

Fax: (858) 565-7324

 After Hours Phone: (858)  
278-9911

Provider Gender: Female

NPI: 1063558856

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

---

### HEARING AID DEALER / SUPPLIER

**ANDERSON, ELAINE**


Provider ID: 268689

Board Certified Specialty: No


COMMUNITY CARE IPA LLC

 6367 ALVARADO CT STE  
101

SAN DIEGO, CA 92120

 Phone: (619) 583-7002

Fax: (619) 583-9404

 After Hours Phone: (619)  
583-7002

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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: 268652


Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 6367 ALVARADO CT STE  
101

SAN DIEGO, CA 92120

 Phone: (619) 583-7002

Fax: (619) 583-9404

 After Hours Phone: (619)  
583-7002

Provider Gender: Female

NPI: 1902853344


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8:30AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### HEARING AID DEALER / SUPPLIER


#### **DAVIS, KELLE**

Provider ID: 268653

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 9340 CLAIREMONT MESA  
BLVD STE D

SAN DIEGO, CA 92123

 Phone: (858) 278-9911

Fax: (858) 565-7324

 After Hours Phone: (858)  
278-9911

Provider Gender: Female

NPI: 1902853344


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 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**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

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### **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

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### **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

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### **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

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Yes  
Min/Max Age: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 Phone: (858) 966-7785  
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









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## D. Directorio de proveedores especialistas

 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1689646275

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERNAL MEDICINE

#### BALL, SHELDON


Provider ID: 294136

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

Provider Gender: Male

NPI: 1689646275

 Provider English Spoken: Y


Cultural Competency: N


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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas






 *Provider Language(s)*  
*Spoken: Chinese*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




### **INTERNAL MEDICINE**

**DJEKIC, KRISTINA**  
*Provider ID: 286668*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1417343732*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*









### **INTERNAL MEDICINE**

**GRUNVALD, EDUARDO**  
*Provider ID: 286344*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1497791339*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Portuguese, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*

*IPA: UCSD Medical Group*

### **INTERNAL MEDICINE**

**GRUNVALD, EDUARDO**  
*Provider ID: 286343*  
*Board Certified Specialty: No UCSD MEDICAL GROUP*  
 4303 LA JOLLA VILLAGE DR STE 2110  
 SAN DIEGO, CA 92122  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1497791339*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Portuguese, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*








### **INTERNAL MEDICINE**

**HASTIE, ELIZABETH**  
*Provider ID: 291431*  
*Board Certified Specialty: No*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP




 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 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

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## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

American Sign Language (ASL): IPA: UCSD Medical Group  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 18\None

American Sign Language (ASL): 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: IHP of Southern Cal-PHP*

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### INTERNAL MEDICINE

#### **SEBASKY, MEGHAN**

*Provider ID: 273962*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (619) 543-6222*  
*Fax: (619) 543-8255*  
 *After Hours Phone: (619) 543-6222*  
*Provider Gender: Female*  
*NPI: 1538351408*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 18\None*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: UCSD Medical Group*




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### INTERNAL MEDICINE

#### **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*

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### INTERNAL MEDICINE

#### **SIRIPHAND, CHRISTOPHER**






*Provider ID: 311445*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1891258596*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

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### INTERNAL MEDICINE

#### **SMITH, CHELSEY**

*Provider ID: 239920*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 *Phone: (858) 657-6110*  
 *After Hours Phone: (858) 657-6110*  
*Provider Gender: Female*  
*NPI: 1013264506*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 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

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### 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

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### INTERNAL MEDICINE

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#### 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):

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## D. Directorio de proveedores especialistas

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### 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




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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

 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

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## D. Directorio de proveedores especialistas

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

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### INTERNAL MEDICINE CRITICAL CARE MEDICINE


**KAMDAR, BIREN**


Provider ID: 311452

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (855) 355-5864

 After Hours Phone: (855)  
355-5864

Provider Gender: Male

NPI: 1528115417

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SANTA  
MONICA UCLA MED CTR,

RONALD REAGAN UCLA MED  
CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

**LIN, CHRISTINE**

Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 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: 271467

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

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## D. Directorio de proveedores especialistas

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1992141428

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **ODISH, MAZEN**

Provider ID: 271469

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1992141428

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### **ORR, JEREMY**

Provider ID: 311524

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

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

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1851682728

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL,

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

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## D. Directorio de proveedores especialistas

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: 245577

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114


 Phone: (619) 616-2100


Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1831393289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
Adventist Health and Rideout


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Community Care IPA LLC

### INTERVENTIONAL CARDIOLOGY


**MOHAMEDALI, BURHAN**

Provider ID: 309250

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 412 WASHINGTON ST

SAN DIEGO, CA 92103

 Phone: (619) 616-2100


Fax: (619) 616-2104

 After Hours Phone: (619)  
616-2100

Provider Gender: Male

NPI: 1831393289

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

Adventist Health and Rideout


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT 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

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas


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

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## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

### 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*

*IPA: UCSD Medical Group*


### 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*

*IPA: Rady Childrens Health  
Network*


### 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: Rady Childrens Health  
 Network

 Website: N/A  
 IPA: Rady Childrens Health  
 Network, UCSD Medical Group


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

N

 Accessibility: CONTACT  
 PROVIDER


 Hours: M-F 8AM-5PM

### 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

N


 Accessibility: CONTACT

### 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

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Phone: (858) 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: 214436


Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123

 Phone: (858) 966-6710  
 Fax: (858) 939-4102

 After Hours Phone: (858) 966-6710

Provider Gender: Male  
 NPI: 1154305977

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, Sharp Grossmont Hospital, 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **MATERNAL AND FETAL MEDICINE**


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#### **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

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### **MATERNAL AND FETAL MEDICINE**


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#### **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

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### **MATERNAL AND FETAL MEDICINE**

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#### **SHANNON, KELLI**

Provider ID: 208474

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 NPI: 1922156397  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network




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### MATERNAL AND FETAL MEDICINE

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#### **WESTERMANN, MELISSA**

Provider ID: 242522  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 939-4102  
 After Hours Phone: (858)

966-6710  
 Provider Gender: Female  
 NPI: 1760730758  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS,  
 EARL AND LORRAINE MILLER  
 CHILDRENS HSP, LONG  
 BEACH MEMORIAL MED CTR,  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR, SHARP  
 MEMORIAL HOSPITAL,  
 GROSSMONT HOSPITAL,  
 Sharp Grossmont Hospital,  
 Sharp Grossmont Hospital,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health  
 Network








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### MATERNAL AND FETAL MEDICINE

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#### **WESTERMANN, MELISSA**

Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### MATERNAL AND FETAL MEDICINE

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Network

### 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

 After Hours Phone: (858) 966-5818

Provider Gender: Female

NPI: 1992060974

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### NEONATAL / PERINATAL MEDICINE


#### HIETALATI, SAMANTHA

Provider ID: 294251

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY FL 3 SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 249-5839

 After Hours Phone: (858) 966-5888

Provider Gender: Female

NPI: 1245617489

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE

#### HONOLD, JOSE

Provider ID: 205941

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY SAN DIEGO, CA 92123


 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858) 966-5818

Provider Gender: Male

NPI: 1093886855

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PIONEERS MEMORIAL HOSPITAL, SOUTHWEST

HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE


#### HONOLD, JOSE

Provider ID: 242881

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 4077 5TH AVE SAN DIEGO, CA 92103

 Phone: (619) 691-7000

 After Hours Phone: (619) 691-7000

Provider Gender: Male


NPI: 1093886855

 Provider English Spoken: Y

 Provider Language(s)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PIONEERS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*




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### **NEONATAL / PERINATAL MEDICINE**

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**LANE, BRIAN**  
*Provider ID: 205707*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5818*

*Fax: (858) 966-7483*  
 *After Hours Phone: (858) 966-5818*  
*Provider Gender: Male*  
*NPI: 1427129287*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

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### **NEONATAL / PERINATAL MEDICINE**

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**LE, CRYSTAL**

*Provider ID: 205630*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 *Phone: (858) 966-5818*  
*Fax: (858) 966-7483*  
 *After Hours Phone: (858) 966-5818*  
*Provider Gender: Female*  
*NPI: 1003028416*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

### NEONATAL / PERINATAL MEDICINE


#### **MATوبا, 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

#### **MATوبا, 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


#### **MATوبا, 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


#### **MATوبا, NANA**

Provider ID: 297975

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 4077 5TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 260-7046

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (619) 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


HOSPITAL 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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas





CHULA VISTA, 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### NEONATAL / PERINATAL MEDICINE


#### SAUER, CHARLES

Provider ID: 303906

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 4077 5TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 260-7046

 After Hours Phone: (619) 260-7046

Provider Gender: Male

NPI: 1538388988

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL,


SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### 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

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## D. Directorio de proveedores especialistas

<b>MEDICINE</b>	
<p><b>SWEENEY, NATHALY</b>            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</p>	<p>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</p>
<p><b>NEONATAL / PERINATAL            MEDICINE</b></p>	<p><b>BALBOA NEPHROLOGY MED            GRP INC,</b>            Provider ID: 308472            IMPERIAL HEALTH HOLDINGS            MEDICAL GROUP-SD</p>
<p><b>WEST, JULIE</b>            Provider ID: 297073</p>	<p> 8010 FROST ST STE 100            SAN DIEGO, CA 92123   Phone: (858) 637-4700            Fax: (858) 637-4701   After Hours Phone: (858) 637-4700            NPI: 1316997505   Provider English Spoken: Y            Cultural Competency: N            Medi-Cal Open Panel: No            Min/Max Age: 0\None            American Sign Language (ASL): N   Accessibility: CONTACT            PROVIDER   Hours: M-F 9AM-5PM   Website: www.balboacare.com</p>
	<p><b>NEPHROLOGY</b></p>
	<p><b>QUEVEDO, JUAN</b>            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</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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

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### NEPHROLOGY

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#### 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

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### NEUROLOGY


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#### BUI, JONATHAN

Provider ID: 206005

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 8001 FROST ST  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999  
Fax: (858) 966-4930

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1730247974

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish,  
Vietnamese

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN


DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A  
IPA: Rady Childrens Health  
Network

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### NEUROLOGY

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#### BUI, JONATHAN

Provider ID: 303227

Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123

Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858) 966-5819

Provider Gender: Male

NPI: 1730247974

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,

Vietnamese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### NEUROLOGY

#### COUGHLIN, DAVID

Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Rady Childrens Health Network

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas


CHILDRENS HOSPITAL SAN DIEGO, 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



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p style="text-align: center;"><b>NEUROLOGY</b></p> <hr/> <p><b>HEADLEY, ALISON</b>            Provider ID: 311599            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 6655 ALVARADO RD            SAN DIEGO, CA 92120</p> <p> Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female            NPI: 1386007383</p> <p> Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD LA            JOLLA JOHN SALLY            THORNTON, UCSD MEDICAL            CTR</p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p> Accessibility: CONTACT            PROVIDER</p> <p> Website: N/A            IPA: UCSD Medical Group</p>	<p> Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female            NPI: 1386007383</p> <p> Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD LA            JOLLA JOHN SALLY            THORNTON, UCSD MEDICAL            CTR</p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p> Accessibility: CONTACT            PROVIDER</p> <p> Hours: M-F 8AM-5PM</p> <p> Website: N/A            IPA: UCSD Medical Group</p>	<p>Hospital Affiliation: UCSD LA            JOLLA JOHN SALLY            THORNTON, UCSD MEDICAL            CTR</p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p> Accessibility: CONTACT            PROVIDER</p> <p> Website: N/A            IPA: UCSD Medical Group</p>
<p style="text-align: center;"><b>NEUROLOGY</b></p> <hr/> <p><b>HEADLEY, ALISON</b>            Provider ID: 311598            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 4510 EXECUTIVE DR STE            325            SAN DIEGO, CA 92121</p>	<p style="text-align: center;"><b>NEUROLOGY</b></p> <hr/> <p><b>IRAGUIMADOZ, VICENTE</b>            Provider ID: 311468            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 4510 EXECUTIVE DR            SAN DIEGO, CA 92121</p> <p> Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male            NPI: 1053326710</p> <p> Provider English Spoken: Y            Cultural Competency: N</p>	<p style="text-align: center;"><b>NEUROLOGY</b></p> <hr/> <p><b>IRAGUIMADOZ, VICENTE</b>            Provider ID: 304154            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p> 6655 ALVARADO RD            SAN DIEGO, CA 92120</p> <p> Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p> After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Male            NPI: 1053326710</p> <p> Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSD LA            JOLLA JOHN SALLY            THORNTON, UCSD MEDICAL            CTR</p> <p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*



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### NEUROLOGY

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#### 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*

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### NEUROLOGY

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#### 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*

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### NEUROLOGY

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#### 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*




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### NEUROLOGY



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#### 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

### 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

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas






Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, 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):


### NEUROLOGY

#### LONGARDNER, KATHERINE

Provider ID: 304197  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 6655 ALVARADO RD  
SAN DIEGO, CA 92120

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## D. Directorio de proveedores especialistas

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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: 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


### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



<b>NEUROLOGY</b>		<b>NEUROLOGY</b>	
<p><b>QAYOUMI, WALI</b>            Provider ID: 304161            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>6655 ALVARADO RD            SAN DIEGO, CA 92120            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1093178220</p> <p>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</p> <p>Accessibility: CONTACT PROVIDER            Website: N/A            IPA: UCSD Medical Group</p>	<p>325            SAN DIEGO, CA 92121            Phone: (619) 294-3746            Fax: (888) 539-8781            After Hours Phone: (619) 294-3746            Provider Gender: Male            NPI: 1093178220</p> <p>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</p> <p>Accessibility: CONTACT PROVIDER            Hours: M-F 8AM-5PM            Website: N/A            IPA: UCSD Medical Group</p>	<p>926-8273            Provider Gender: Female            NPI: 1568655264</p> <p>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</p> <p>Accessibility: CONTACT PROVIDER            Hours: M-F 8AM-5PM            Website: N/A            IPA: UCSD Medical Group</p>	<p><b>NEUROLOGY</b></p> <p><b>RIGGINS, NINA</b>            Provider ID: 304200            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>6655 ALVARADO RD            SAN DIEGO, CA 92120            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800) 926-8273            Provider Gender: Female            NPI: 1568655264</p> <p>Provider English Spoken: Y            Provider Language(s) Spoken: Russian            Cultural Competency: N</p>
<p><b>NEUROLOGY</b></p> <p><b>QAYOUMI, WALI</b>            Provider ID: 284370            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>4510 EXECUTIVE DR STE</p>	<p>4510 EXECUTIVE DR STE            325            SAN DIEGO, CA 92121            Phone: (800) 926-8273            Fax: (888) 539-8781            After Hours Phone: (800)</p>		

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

#### 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

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Phone: (800) 926-8273  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

☎ After Hours Phone: (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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### TECOMA, EVELYN

Provider ID: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network


 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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: 291339

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1730507567

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **DRIEBE, AMY**

Provider ID: 291340

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female  
NPI: 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**

#### **DRIEBE, AMY**

Provider ID: 291338

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6030 VILLAGE WAY  
SAN DIEGO, CA 92130

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**

#### **FERRANDO, CECILE**

Provider ID: 311105

Board Certified Specialty: No

UCSD MEDICAL GROUP

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255592325

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **OBSTETRICS / GYNECOLOGY**


#### **FRUGONI, GINA**


Provider ID: 270056

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (619) 400-5074

 After Hours Phone: (619)  
400-5074

Provider Gender: Female

NPI: 1578729315

 Provider English Spoken: Y  
Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Fax: (858) 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

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## D. Directorio de proveedores especialistas

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

926-8273  
Provider Gender: Female  
NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **OBSTETRICS / GYNECOLOGY**

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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### 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

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### OBSTETRICS / GYNECOLOGY

#### PICKETT, CHARLOTTE

Provider ID: 299982

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

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

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### OBSTETRICS / GYNECOLOGY


### PICKETT, CHARLOTTE

Provider ID: 299978

Board Certified Specialty: No

UCSD MEDICAL GROUP

 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

 Provider English Spoken: Y  
Cultural Competency: N

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

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



### PROVIDER

 Website: N/A  
IPA: UCSD Medical Group

### OBSTETRICS / GYNECOLOGY


#### 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


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## D. Directorio de proveedores especialistas




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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes  
Min/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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas


Provider Gender: Female  
NPI: 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

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## D. Directorio de proveedores especialistas

American Sign Language (ASL):  Website: N/A  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **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: 297009


Board Certified Specialty: No  
RADY CHILDRENS HEALTH

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## D. Directorio de proveedores especialistas

### NETWORK

 7910 FROST ST STE 200  
SAN DIEGO, CA 92123


 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### OPHTHALMOLOGY

#### HENNEIN, LAUREN


Provider ID: 297011

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702


Fax: (858) 966-7403

 After Hours Phone: (858)

309-7702

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### OPHTHALMOLOGY

#### 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

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## D. Directorio de proveedores especialistas


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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas







### UCSD MEDICAL GROUP

 200 W 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



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## D. Directorio de proveedores especialistas




*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*  
 200 W 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**

**NAYER, ZACHARIA**  
*Provider ID: 311099*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*  
*NPI: 1174152961*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **OPHTHALMOLOGY**

**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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

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,

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

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



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## D. Directorio de proveedores especialistas

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: 201312  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 200 W ARBOR DR STE 101  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-7907  
 After Hours Phone: (619) 543-7907  
 Provider Gender: Male  
 NPI: 1790291565  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: UCSD Medical Group

### 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)

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## D. Directorio de proveedores especialistas

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



#### 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

---

### 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

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### 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


---

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p align="center"><b>OTOLARYNGOLOGY</b></p>	<p> After Hours Phone: (800) 926-8273</p>	<p>DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</p>
<p><b>CALIFANO, JOSEPH</b> Provider ID: 299462</p>	<p>Provider Gender: Male NPI: 1881652972</p>	<p>Medi-Cal Open Panel: Yes Min/Max Age: 0\19</p>
<p>Board Certified Specialty: No UCSD MEDICAL GROUP</p>	<p> Provider English Spoken: Y Cultural Competency: N</p>	<p>American Sign Language (ASL): N</p>
<p> 8899 UNIVERSITY CENTER LN SAN DIEGO, CA 92122</p>	<p>Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes</p>	<p> Accessibility: CONTACT PROVIDER</p>
<p> Phone: (800) 926-8273 Fax: (888) 539-8781</p>	<p>Min/Max Age: 0\None American Sign Language (ASL): N</p>	<p> Hours: M-F 8AM-5PM  Website: N/A</p>
<p> After Hours Phone: (800) 926-8273</p>	<p>IPA: UCSD Medical Group</p>	<p>IPA: Rady Childrens Health Network</p>
<p>Provider Gender: Male NPI: 1881652972</p>	<p> Accessibility: CONTACT PROVIDER</p>	<p><hr/><b>OTOLARYNGOLOGY</b></p>
<p> Provider English Spoken: Y Cultural Competency: N</p>	<p> Website: N/A</p>	<p><b>CARVALHO, DANIELA</b> Provider ID: 205628</p>
<p>Hospital Affiliation: UCSD MEDICAL CTR Medi-Cal Open Panel: Yes</p>	<p><hr/><b>OTOLARYNGOLOGY</b></p>	<p>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>
<p>Min/Max Age: 0\None American Sign Language (ASL): N</p>	<p><b>CARVALHO, DANIELA</b> Provider ID: 272557</p>	<p> 3030 CHILDRENS WAY STE 109 SAN DIEGO, CA 92123</p>
<p> Accessibility: CONTACT PROVIDER</p>	<p>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</p>	<p> Phone: (858) 309-7702</p>
<p> Website: N/A IPA: UCSD Medical Group</p>	<p> 3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123</p>	<p> After Hours Phone: (858) 309-7702</p>
<p><hr/><b>OTOLARYNGOLOGY</b></p>	<p> Phone: (858) 309-7701 Fax: (858) 966-8038</p>	<p>Provider Gender: Female NPI: 1154492916</p>
<p><b>CALIFANO, JOSEPH</b> Provider ID: 299461</p>	<p>After Hours Phone: (858) 309-7701</p>	<p>Provider English Spoken: Y Provider Language(s) Spoken: French, Spanish</p>
<p>Board Certified Specialty: No UCSD MEDICAL GROUP</p>	<p>Provider Gender: Female NPI: 1154492916</p>	<p>Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</p>
<p> 16950 VIA TAZON SAN DIEGO, CA 92127</p>	<p> Provider English Spoken: Y  Provider Language(s) Spoken: French, Spanish</p>	<p>Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL</p>
<p> Phone: (800) 926-8273 Fax: (888) 539-8781</p>	<p>Cultural Competency: N Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN</p>	<p></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max 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: 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):


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## D. Directorio de proveedores especialistas

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p><b><u>OTOLARYNGOLOGY</u></b></p> <p><b>COFFEY, CHARLES</b></p> <p><i>Provider ID: 299583</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 8899 UNIVERSITY CENTER LN SAN DIEGO, CA 92122</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1932297330</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p><b><u>OTOLARYNGOLOGY</u></b></p> <p><b>DECONDE, ADAM</b></p>	<p><i>Provider ID: 299568</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 8899 UNIVERSITY CENTER LN SAN DIEGO, CA 92122</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1588988919</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p><b><u>OTOLARYNGOLOGY</u></b></p> <p><b>DECONDE, ADAM</b></p> <p><i>Provider ID: 299569</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 200 W ARBOR DR SAN DIEGO, CA 92103</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p>	<p><i>NPI: 1588988919</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p> <hr/> <p><b><u>OTOLARYNGOLOGY</u></b></p> <p><b>DECONDE, ADAM</b></p> <p><i>Provider ID: 299567</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 16950 VIA TAZON SAN DIEGO, CA 92127</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1588988919</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT</i></p>
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## D. Directorio de proveedores especialistas

**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: 299561

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 200 W ARBOR DR  
 SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **GILANI, SAPIDEH**

Provider ID: 299560

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Medi-Cal Open Panel: Yes


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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### OTOLARYNGOLOGY

#### **GILANI, SAPIDEH**

Provider ID: 299559

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### 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

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### 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

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### OTOLARYNGOLOGY

#### **GREENE, JACQUELINE**

Provider ID: 298397

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144583931

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):  
N

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## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **OTOLARYNGOLOGY**

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#### **HARRIS, JEFFREY**

*Provider ID: 299576*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1417988783*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **OTOLARYNGOLOGY**

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#### **HARRIS, JEFFREY**

*Provider ID: 299575*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1417988783*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **OTOLARYNGOLOGY**


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#### **HOM, DAVID**

*Provider ID: 299514*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 16950 VIA TAZON  
SAN DIEGO, CA 92127


 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*

 *Provider English Spoken: Y*

*Cultural Competency: N*


*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: N/A*

*IPA: UCSD Medical Group*

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### **OTOLARYNGOLOGY**

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#### **HOM, DAVID**

*Provider ID: 299515*

*Board Certified Specialty: No  
UCSD MEDICAL GROUP*

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Male*

*NPI: 1659305027*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL*

*CTR*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\None*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): Provider ID: 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**

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1124034053

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **HUSSEMAN, JACOB**

Provider ID: 301053

Board Certified Specialty: No

UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1124034053

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY

#### **JIANG, WEN**


Provider ID: 272660

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH

NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 309-7701

Fax: (858) 966-8038

 After Hours Phone: (858) 309-7701

Provider Gender: Female

NPI: 1659305753

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Mandarin

Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network

### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 299443  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6631  
 After Hours Phone: (619) 543-6631  
 Provider Gender: Female  
 NPI: 1780860536  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Rady Childrens Health Network, UCSD Medical Group

### OTOLARYNGOLOGY

#### **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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network, 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: 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: 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: 299481*  
*Board Certified Specialty: No*  
**UCSD MEDICAL GROUP**  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: 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




 200 W ARBOR DR




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## D. Directorio de proveedores especialistas

SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 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  
 Accessibility: CONTACT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### PROVIDER

 Website: N/A  
IPA: UCSD Medical Group


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### OTOLARYNGOLOGY

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#### 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

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### OTOLARYNGOLOGY


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#### VAHABZADEH-HAGH, ANDREW

Provider ID: 299507  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
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

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### OTOLARYNGOLOGY


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#### 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


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### OTOLARYNGOLOGY

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#### WATSON, DEBORAH

Provider ID: 299642  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

Hospital Affiliation: SCRIPPS  
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  
MEDICAL CTR, SCRIPPS  
GREEN HOSPITAL

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### OTOLARYNGOLOGY

#### **YAN, CAROL**

Provider ID: 298412

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1619237260

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N


Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### OTOLARYNGOLOGY


#### **YAN, CAROL**

Provider ID: 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**

Provider ID: 275705


Board Certified Specialty: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### UCSD MEDICAL GROUP

 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  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **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: 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

#### **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

#### **BUI, JACK**

Provider ID: 247580

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: 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: 247581

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: 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

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: IHP of Southern Cal-PHP

### PATHOLOGY ANATOMIC CLINICAL

#### **ROMA, ANDRES**

Provider ID: 275826

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295912657

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **SHABAIK, AHMED**

Provider ID: 275781

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679521579

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **SONG, WEI**

Provider ID: 300001

Board Certified Specialty: No  
UCSD MEDICAL GROUP

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306164157

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PATHOLOGY ANATOMIC CLINICAL

#### **STEPHENS, LAURA**

Provider ID: 300042

Board Certified Specialty: No  
UCSD MEDICAL GROUP

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942561212

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### **PATHOLOGY ANATOMIC CLINICAL**


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**VAVINSKAYA, VERA**

Provider ID: 275789

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174757181

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **PATHOLOGY ANATOMIC CLINICAL**


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**WANG, DEHUA**

Provider ID: 289153

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123


 Phone: (858) 966-6776


Fax: (858) 966-6707

 After Hours Phone: (858)  
966-6776

Provider Gender: Female

NPI: 1578790655

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

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### **PATHOLOGY CLINICAL**


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**KELNER, MICHAEL**

Provider ID: 247602

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1174679849

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, EL CENTRO REGIONAL  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### **PATHOLOGY CLINICAL**


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**KELNER, MICHAEL**

Provider ID: 247601

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1174679849


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, EL CENTRO REGIONAL  
MEDICAL CENTER

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PEDIATRIC ALLERGY / IMMUNOLOGY


#### **ALKATIB, RHONDA**

Provider ID: 291226

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 2655 CAMINO DEL RIO N  
STE 425

SAN DIEGO, CA 92108

 Phone: (619) 286-6687


Fax: (619) 286-6695

 After Hours Phone: (619)  
286-6687

Provider Gender: Female

NPI: 1417363086

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N


Hospital Affiliation: UC SAN  
DIEGO HEALTH - EAST  
CAMPUS MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\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

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Min/Max Age: 0\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: 205824

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY STE 2

SAN DIEGO, CA 92123

 Phone: (858) 966-5961

 After Hours Phone: (858) 966-5961

Provider Gender: Male

NPI: 1356570758

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC ALLERGY / IMMUNOLOGY


#### **GENG, BOB**


Provider ID: 205823

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 5776 RUFFIN RD

SAN DIEGO, CA 92123

 Phone: (858) 292-1144

 After Hours Phone: (858) 292-1144

Provider Gender: Male

NPI: 1356570758

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC ALLERGY /

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

NPI: 1356514624

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LOMA

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## D. Directorio de proveedores especialistas


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):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Rady Childrens Health Network

### **PEDIATRIC CARDIOLOGY**

#### **DUMMER, KIRSTEN**

Provider ID: 260595

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858) 966-5855

Provider Gender: Female

NPI: 1780642280

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### **PEDIATRIC CARDIOLOGY**

#### **GOLDING, IAN**

Provider ID: 210823

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 1962974956

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### **PEDIATRIC CARDIOLOGY**

#### **GORDON, BRENT**

Provider ID: 295391

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858) 966-5855

Provider Gender: Male

NPI: 1669480083

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: POMONA VALLEY HOSP MED CTR, SANTA MONICA UCLA MED CTR, SAN ANTONIO COMM HOSP, LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL, LOMA LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

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

### **PEDIATRIC CARDIOLOGY**

#### **HALEY, JESSICA**

Provider ID: 205687

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903


After Hours Phone: (858) 966-5855




Provider Gender: Female

NPI: 1023329885

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## D. Directorio de proveedores especialistas




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *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*  
*IPA: Rady Childrens Health Network*

### **PEDIATRIC CARDIOLOGY**

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## D. Directorio de proveedores especialistas

### **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


Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 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*

 7910 FROST ST STE 120  
SAN DIEGO, CA 92123

 *Phone: (858) 966-6795*

*Fax: (858) 966-7479*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (858) 966-6795

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

 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

Cultural Competency: N

Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


#### **AGHILI, ROXANA**

Provider ID: 303780

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105


 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619) 280-2905

Provider Gender: Female

NPI: 1851927883

 Provider English Spoken: Y


### PEDIATRIC EMERGENCY MEDICINE

#### **AGHILI, ROXANA**

Provider ID: 304918

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY SAN DIEGO, CA 92123


 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1851927883

 Provider English Spoken: Y

 Provider Language(s) Spoken: Farsi


### PEDIATRIC EMERGENCY MEDICINE

#### **ALAYARI, AMETHYST**

Provider ID: 311382

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY SAN DIEGO, CA 92123


 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1740778653

 Provider English Spoken: Y

 Provider Language(s) Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

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## D. Directorio de proveedores especialistas

DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): CHILDRENS HSP

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE


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**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

CHILDRENS HSP


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE


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**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

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### PEDIATRIC EMERGENCY MEDICINE


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**BIALOSTOZKY, MARIO**

Provider ID: 206011

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1609281450

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **BRYL, AMY**

Provider ID: 205967

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1497079487

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **CAMPBELL, SARA**

Provider ID: 206335

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1841687563

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


#### **CHOO, SUN**

Provider ID: 296535

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1700047628

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE

#### **CHOO, SUN**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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

### PEDIATRIC EMERGENCY MEDICINE

**CONRAD, HEATHER**

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 MEDICINE

**CRAWFORD, MICHAEL**

Provider ID: 311158

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1336727791

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
CHILDRENS HOSPITAL OF  
ORANGE COUNTY, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\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  
NETWORK



4305 UNIVERSITY AVE STE  
150






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




SAN DIEGO, CA 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  
 Provider English Spoken: Y  
 Cultural Competency: N


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: 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

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

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


#### PEDIATRIC EMERGENCY MEDICINE


**DONOFRIO-ODMANN, JOY**

Provider ID: 205375

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1740571165

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL,


#### PEDIATRIC EMERGENCY MEDICINE


**EKPENYONG, ATIM**

Provider ID: 205722

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 After Hours Phone: (858) 576-1700

Provider Gender: Female

NPI: 1932318565

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND


**FISHER, JAY**

Provider ID: 295690

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1629118518

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE



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#### **GIBONEY, JENNIFER**


Provider ID: 205925

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800


Provider Gender: Female  
NPI: 1275895849

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP, Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE

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#### **GORHAM, LAURA**

Provider ID: 275784

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK


 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058  
Fax: (858) 633-4682

 After Hours Phone: (619) 280-2058


Provider Gender: Female  
NPI: 1316162324

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-2PM

 Website: N/A

IPA: Rady Childrens Health Network

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### PEDIATRIC EMERGENCY MEDICINE

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#### **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

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### PEDIATRIC EMERGENCY MEDICINE


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#### **HUNTER, WENDY**

Provider ID: 206278

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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

American Sign Language (ASL):  
N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

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### PEDIATRIC EMERGENCY MEDICINE

#### **KINGDON, JOANNA**

*Provider ID: 302317*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105


 *Phone: (619) 280-2905*

*Fax: (619) 283-1614*

 *After Hours Phone: (619) 280-2905*

*Provider Gender: Female*

*NPI: 1609495399*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 1PM-10PM  
M-F 4PM-10PM*

*SA 1PM-10PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*


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### 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*

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### 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*

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### PEDIATRIC EMERGENCY MEDICINE

#### **MCEVOY, ANNE**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider ID: 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

NPI: 1073740205

Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas





Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, 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  
 American Sign Language (ASL):  
 N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*


### PEDIATRIC EMERGENCY MEDICINE

#### **NGUYEN, MYLINH**

*Provider ID: 262299*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858) 966-8800*

*Provider Gender: Female*  
*NPI: 1730428053*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*




 *Website: N/A*

*IPA: Rady Childrens Health Network*



### PEDIATRIC EMERGENCY MEDICINE

#### **OZCAN, ALI**

*Provider ID: 287923*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858) 966-8800*

*Provider Gender: Male*  
*NPI: 1265867683*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Turkish*

*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, LOMA LINDA UNIVERSITY MED CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*




*IPA: Rady Childrens Health Network*

### PEDIATRIC EMERGENCY MEDICINE

#### **PADE, KATHRYN**

*Provider ID: 262411*

*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
 *After Hours Phone: (858) 966-8800*

*Provider Gender: Female*  
*NPI: 1215375183*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

### PEDIATRIC EMERGENCY MEDICINE

#### **PARK, BRIAN**

*Provider ID: 302352*

*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH NETWORK*



 3020 CHILDRENS WAY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 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 NETWORK




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800

Provider Gender: Female  
NPI: 1477626513

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N  
Hospital Affiliation: GLENDALE  
ADVENTIST MED CTR,  
GLENDALE MEMORIAL HOSP  
AND HEALTH CTR, TRI CITY  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY MEDICINE




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**RANASURIYA, DUNISHA**  
Provider ID: 216970  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800

Provider Gender: Female  
NPI: 1740468057

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY MEDICINE



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**ROBERTS, CALE**  
Provider ID: 310782  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
Fax: (858) 966-7433  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Male

NPI: 1316430499

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N






 Accessibility: CONTACT  
PROVIDER  
 Website: N/A  
IPA: Rady Childrens Health  
Network

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### PEDIATRIC EMERGENCY MEDICINE

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**RUIZ, MONICA**  
Provider ID: 305340  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
NPI: 1982059689  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network


### PEDIATRIC EMERGENCY MEDICINE


**RUSSELL, SAMUEL**

Provider ID: 301249

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1215564265

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE


**RUSSELL, SAMUEL**

Provider ID: 301250

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619) 280-2905

Provider Gender: Male

NPI: 1215564265

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1PM-10PM

M-F 4PM-10PM

SA 1PM-10PM

 Website: N/A

IPA: Rady Childrens Health

Network


### PEDIATRIC EMERGENCY MEDICINE


**SALEH, FAREED**

Provider ID: 206216

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1366691115

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY MEDICINE




**SCHROTER, STEPHANIE**

Provider ID: 243830


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 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*

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### **PEDIATRIC EMERGENCY MEDICINE**

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**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*

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### **PEDIATRIC EMERGENCY MEDICINE**

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**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*

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### **PEDIATRIC EMERGENCY MEDICINE**

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**SOUDER, CHRISTOPHER**

*Provider ID: 301636*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800

*Provider Gender: Male*  
*NPI: 1851540199*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND*


*Medi-Cal Open Panel: No*  
*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### PEDIATRIC EMERGENCY MEDICINE

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#### **SOUDER, CHRISTOPHER**

*Provider ID: 301635*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 3030 CHILDRENS WAY FL 3

SAN DIEGO, CA 92123

 *Phone: (858) 966-6789*

*Fax: (858) 966-6706*

 *After Hours Phone: (858) 966-6789*

*Provider Gender: Male*

*NPI: 1851540199*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: UCSF*


*BENIOFF CHILDREN'S HOSPITAL OAKLAND*

*Medi-Cal Open Panel: No*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### PEDIATRIC EMERGENCY MEDICINE


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#### **TAMAS, VANESSA**

*Provider ID: 206212*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 576-1700*

 *After Hours Phone: (858) 576-1700*

*Provider Gender: Female*

*NPI: 1326225368*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND*

*VALLEY HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTHWEST*

*HEALTHCARE RANCHO SPRINGS HOSPITAL*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### PEDIATRIC EMERGENCY MEDICINE


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#### **TANG, ANDREW**

*Provider ID: 294677*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8800*

 *After Hours Phone: (858) 966-8800*

*Provider Gender: Male*

*NPI: 1184071516*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### PEDIATRIC EMERGENCY MEDICINE

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#### **TODD, SARAH**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Provider ID: 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 SAN DIEGO, CA 92123



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## D. Directorio de proveedores especialistas





 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: 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

**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

**VANE, JACKSON**  
 Provider ID: 205883  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 NPI: 1952608580  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: Rady Childrens Health Network



### PEDIATRIC EMERGENCY MEDICINE

#### **VANWOY, LAUREN**

Provider ID: 301574  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800


Provider Gender: Female  
 NPI: 1568959161


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: No  
 Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



 Website: N/A  
 IPA: Rady Childrens Health Network

### PEDIATRIC EMERGENCY

### MEDICINE

#### **VARGAS, JACLYN**

Provider ID: 285935  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

 3010 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
 Fax: (858) 966-8479

 After Hours Phone: (858) 576-1700

Provider Gender: Female  
 NPI: 1619359718

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, Los Angeles General Medical Center, 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

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








#### **VARGAS, JACLYN**

Provider ID: 296486


Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK







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## D. Directorio de proveedores especialistas




 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

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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







Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*  
 *Website: N/A*  
*IPA: Rady Childrens Health Network*

### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
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

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## D. Directorio de proveedores especialistas

<p style="text-align: center;"><b><u>PEDIATRIC</u></b> <b><u>GASTROENTEROLOGY</u></b></p> <p><b>HARTMANN, PHILLIPP</b>            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</p>	<p><b>JAZAYERI, AMIR</b>            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</p>	<p><b>NETWORK</b>   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</p>
<p style="text-align: center;"><b><u>PEDIATRIC</u></b> <b><u>GASTROENTEROLOGY</u></b></p>	<p style="text-align: center;"><b><u>PEDIATRIC</u></b> <b><u>GASTROENTEROLOGY</u></b></p> <p><b>KATIBIAN, DAVID</b>            Provider ID: 310954            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK</p>	<p style="text-align: center;"><b><u>PEDIATRIC</u></b> <b><u>GASTROENTEROLOGY</u></b></p> <p><b>LIN, TOM</b>            Provider ID: 297707            Board Certified Specialty: No            RADY CHILDRENS HEALTH NETWORK   3030 CHILDRENS WAY FL 2            SAN DIEGO, CA 92123   Phone: (858) 966-4003</p>

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## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: 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

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

### 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

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## D. Directorio de proveedores especialistas

### 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, 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

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### PEDIATRIC HEMATOLOGY / ONCOLOGY

#### **YU, JENNIFER**

Provider ID: 206148

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1326315599

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes


Min/Max Age: 0\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

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## D. Directorio de proveedores especialistas

### RADY CHILDRENS HEALTH NETWORK

8110 BIRMINGHAM WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 966-8052

Fax: (858) 966-7789

After Hours Phone: (858) 966-8052

Provider Gender: 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

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL

MEMORIAL HOSPITAL, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL

MEMORIAL HOSPITAL

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### **PEDIATRIC 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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

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## D. Directorio de proveedores especialistas

### 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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

966-5846

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
**RADY CHILDRENS HEALTH NETWORK**

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: IHP of Southern Cal-PHP

### 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: 205753

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY STE 300  
SAN DIEGO, CA 92123

Phone: (858) 966-8974

Fax: (858) 966-6721

After Hours Phone: (858) 966-8974

Provider Gender: Female

NPI: 1922179688

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health Network

### PEDIATRICS

**CANTU, ALICIA**

Provider ID: 205752

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1922179688

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, 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: 296242

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1275895849

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM


TU 5:30PM-8:30PM

W 8:30AM-5:30PM

TH 5:30PM-8:30PM

F 8:30AM-5:30PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Rady Childrens Health  
Network

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### PEDIATRICS

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#### 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

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### PEDIATRICS

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#### 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

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### PEDIATRICS

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#### 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

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### PEDIATRICS

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#### JIMENEZBACARDI, ADRIA

Provider ID: 294640

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)  
966-5841

Provider Gender: Male

NPI: 1467847293

Provider English Spoken: Y


Provider Language(s)


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: 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  
 Network

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## D. Directorio de proveedores especialistas

PEDIATRICS	
<p><b>LEE, BEGEM</b>            Provider ID: 205923            Board Certified Specialty: No  <b>RADY CHILDRENS HEALTH NETWORK</b>   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  <b>BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO</b>            Medi-Cal Open Panel: Yes            Min/Max Age: 0\19            American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER   Hours: M-F 8AM-5PM   Website: N/A            IPA: Rady Childrens Health Network</p>	<p><b>RADY CHILDRENS HEALTH NETWORK</b>   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</p>
<p><b>LOPEZ, XIMENA</b>            Provider ID: 302856            Board Certified Specialty: No</p>	<p><b>MANNINOAVILA, ELIZABETH</b>            Provider ID: 262161            Board Certified Specialty: No  <b>RADY CHILDRENS HEALTH NETWORK</b>   3020 CHILDRENS WAY            SAN DIEGO, CA 92123   Phone: (858) 966-5841            Fax: (858) 966-6728   After Hours Phone: (858)</p>
PEDIATRICS	
<p><b>MARANO, RACHEL</b>            Provider ID: 302438            Board Certified Specialty: No  <b>RADY CHILDRENS HEALTH NETWORK</b>   3020 CHILDRENS WAY            SAN DIEGO, CA 92123   Phone: (858) 966-5841            Fax: (858) 966-6728   After Hours Phone: (858) 966-5841            Provider Gender: Female            NPI: 1043673528   Provider English Spoken: Y            Cultural Competency: N</p>	<p>966-5841            Provider Gender: Female            NPI: 1164747127   Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: UCSF  <b>BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO</b>            Medi-Cal Open Panel: Yes            Min/Max 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>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><i>Hospital Affiliation:</i> HOLLYWOOD PRESBYTERIAN MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>	<p><i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>	<p> <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i> <i>IPA: Rady Childrens Health Network</i></p>
<hr/>		
<b>PEDIATRICS</b>		
<hr/>		
<p><b>MILLS, TATYANA</b> <i>Provider ID: 310307</i> <i>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</i>  3010 CHILDRENS WAY SAN DIEGO, CA 92123  <i>Phone: (858) 966-5841</i> <i>Fax: (858) 966-6728</i>  <i>After Hours Phone: (858) 966-5841</i> <i>Provider Gender: Female</i> <i>NPI: 1962964999</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Russian</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i> <i>Medi-Cal Open Panel: Yes</i></p>	<p><b>MILLS, TATYANA</b> <i>Provider ID: 310308</i> <i>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</i>  3020 CHILDRENS WAY SAN DIEGO, CA 92123  <i>Phone: (858) 966-5841</i> <i>Fax: (858) 966-6728</i>  <i>After Hours Phone: (858) 966-5841</i> <i>Provider Gender: Female</i> <i>NPI: 1962964999</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Russian</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i></p>	<p><b>PEDIATRICS</b> <b>NGO, MAI</b> <i>Provider ID: 302113</i> <i>Board Certified Specialty: No RADY CHILDRENS HEALTH NETWORK</i>  3020 CHILDRENS WAY SAN DIEGO, CA 92123  <i>Phone: (858) 966-8974</i> <i>Fax: (858) 966-4051</i>  <i>After Hours Phone: (858) 966-8974</i> <i>Provider Gender: Female</i> <i>NPI: 1508910787</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Vietnamese</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, UCSF MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO</i> <i>Medi-Cal Open Panel: Yes</i> <i>Min/Max Age: 0\19</i> <i>American Sign Language (ASL):</i> N  <i>Accessibility: CONTACT PROVIDER</i>  <i>Hours: M-F 8AM-5PM</i>  <i>Website: N/A</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Rady Childrens Health  
Network


### **PEDIATRICS**

#### **NGO, MAI**

Provider ID: 302114

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123


 Phone: (858) 966-8974

Fax: (858) 966-6721

 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1508910787

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, UCSF

MEDICAL CENTER, RADY

CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRICS**

#### **PATEL, AARTI**

Provider ID: 205865

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1871813105

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

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


Board Certified Specialty: No  
RADY CHILDRENS HEALTH

### **NETWORK**

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1699955542

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### **PEDIATRICS**


#### **POLICH, MICHELLE**

Provider ID: 286390

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800


 After Hours Phone: (858)  
966-8800

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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):

 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):

 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):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### PEDIATRICS

#### **RUNGVIVATJARUS, TIRANUN**


Provider ID: 206319

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Board Certified Specialty: No  
**RADY CHILDRENS HEALTH NETWORK**

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

 Phone: (858) 966-5841  
 Fax: (858) 966-6728

 After Hours Phone: (858)  
 966-5841

Provider Gender: Female  
 NPI: 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

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### **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

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### **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

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### **PHYSICAL MEDICINE / REHABILITATION**

#### **BIFFL, SUSAN**

Provider ID: 287453

Board Certified Specialty: No  
**RADY CHILDRENS HEALTH NETWORK**


 7910 FROST ST STE 195  
 SAN DIEGO, CA 92123

 Phone: (858) 966-8974

Fax: (858) 966-6721

 After Hours Phone: (858)  
 966-8974

Provider Gender: Female  
 NPI: 1366589640

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### PHYSICAL MEDICINE / REHABILITATION


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#### **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*

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### PHYSICAL MEDICINE / REHABILITATION


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#### **RICHARDSON, HENRY**

*Provider ID: 295276*

*Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP*

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

 *Phone: (619) 325-1161*

*Fax: (619) 325-1717*

 *After Hours Phone: (619) 325-1161*

*Provider Gender: Male*

*NPI: 1407052459*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18\None*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP*

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### PHYSICAL MEDICINE / REHABILITATION


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#### **RYAN, KYLE**

*Provider ID: 287520*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8974*

 *After Hours Phone: (858) 966-8974*

*Provider Gender: Male*


*NPI: 1447645742*


 *Provider English Spoken: Y  
Cultural Competency: N*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*

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### PHYSICAL MEDICINE / REHABILITATION


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#### **SCOTT-WYARD, PHOEBE**

*Provider ID: 287519*

*Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK*

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8974*

 *After Hours Phone: (858) 966-8974*

*Provider Gender: Female*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1336356203

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### PHYSICAL MEDICINE / REHABILITATION


#### **SKALSKY, ANDREW**

Provider ID: 287537

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 After Hours Phone: (858) 966-8974

Provider Gender: Male

NPI: 1487635272

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN


DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### PHYSICIANS ASSISTANT


#### **AINSWORTH, DELISSA**

Provider ID: 243367

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1750734893

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### PHYSICIANS ASSISTANT

#### **ALBRIGHT, KELSEY**

Provider ID: 284763

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 923-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 923-8273

Provider Gender: Female

NPI: 1235653148

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER







 Hours: M-F 8AM-5PM



 Website: N/A






IPA: UCSD Medical Group




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas

**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  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): **DERISSI, DANA**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### **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


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### **PHYSICIANS ASSISTANT**

Provider ID: 301632

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1063829505

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi, Persian

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR,  
RADY CHILDRENS HOSPITAL


SAN DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


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### **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


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### **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

Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>	<p><i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   6655 ALVARADO RD            SAN DIEGO, CA 92120   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i>   <i>After Hours Phone: (800) 926-8273</i></p>	<p> <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 21\None</i>  <i>American Sign Language (ASL): N</i></p>
<hr/>		
<b>PHYSICIANS ASSISTANT</b>		
<p><b>GEBAUER, HEATHER</b>  <i>Provider ID: 311549</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   200 W ARBOR DR            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1467987586</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i></p>	<p><i>Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 9AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>
<hr/>		
<b>PHYSICIANS ASSISTANT</b>		
<p><b>GEBAUER, HEATHER</b>  <i>Provider ID: 311550</i></p>	<p><b>PHYSICIANS ASSISTANT</b>  <b>GUTH, CARA</b>  <i>Provider ID: 299111</i>  <i>Board Certified Specialty: No</i>  <b>IHP OF SOUTHERN CAL-PHP</b>   9333 GENESEE AVE STE 350            SAN DIEGO, CA 92121   <i>Phone: (858) 455-6460</i>  <i>Fax: (858) 455-5362</i>   <i>After Hours Phone: (858) 455-6460</i>  <i>Provider Gender: Female</i>  <i>NPI: 1992177182</i></p>	<p><b>HASEGAWA, CHRIS</b>  <i>Provider ID: 247206</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   200 W ARBOR DR            SAN DIEGO, CA 92103   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1225698962</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>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL): N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT


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#### 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

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### PHYSICIANS ASSISTANT


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#### HIGGINS, JOSHUA

Provider ID: 287133

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 203 W F ST  
SAN DIEGO, CA 92101

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1861624181

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT


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#### HUNTER, JACOB

Provider ID: 298428

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT


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#### HUNTER, JACOB

Provider ID: 287449

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT

---

#### HUNTER, JACOB


Provider ID: 298430

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1114459765

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT

---


#### LAM, DAVINA

Provider ID: 295651


Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6719 ALVARADO RD STE  
308

SAN DIEGO, CA 92120

 Phone: (619) 265-7912

Fax: (619) 265-7922

 After Hours Phone: (619)  
265-7912

Provider Gender: Female

NPI: 1245863737

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, SCRIPPS

MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,


SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PHYSICIANS ASSISTANT


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#### LAMBERT, GAGE

Provider ID: 214788

Board Certified Specialty: No  
UCSD MEDICAL GROUP


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1144672494

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, UCSD

MEDICAL CTR, UCSD LA


JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PHYSICIANS ASSISTANT

---


#### LEE, JENNIFER

Provider ID: 309998

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265081871

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 305026

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

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


American Sign Language (ASL):


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## D. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### **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):*

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):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Community Care IPA LLC,*

*IHP of Southern Cal-PHP*


### **PHYSICIANS ASSISTANT**

#### **NAKAMITSU, ABIGAIL**


*Provider ID: 268666*

*Board Certified Specialty: No RADY CHILDRENS HEALTH*

NETWORK

 3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

 *Phone: (858) 966-6789*

*Fax: (858) 966-8519*

 *After Hours Phone: (858) 966-6789*

*Provider Gender: Female*

*NPI: 1932459179*

 *Provider English Spoken: Y Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN*

*DIEGO*


*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: Rady Childrens Health Network*


### **PHYSICIANS ASSISTANT**

#### **NGUYEN, KHANH**

*Provider ID: 310050*

*Board Certified Specialty: No UCSD MEDICAL GROUP*

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female  
NPI: 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: 293441

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8275  
Fax: (888) 539-8783

 After Hours Phone: (800)  
926-8275

Provider Gender: Male  
NPI: 1386791028

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A  
IPA: UCSD Medical Group


### **PHYSICIANS ASSISTANT**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **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 PROVIDER

 Hours: M-F 8AM-5PM

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## D. Directorio de proveedores especialistas


 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

### PHYSICIANS ASSISTANT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### 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

#### PHYSICIANS ASSISTANT

### ROBERTS, AUDREY

Provider ID: 253253

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-7777

After Hours Phone: (619)  
543-7777

Provider Gender: Female

NPI: 1265960256

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

#### PHYSICIANS ASSISTANT

### RODRIGUES, ANNETTE

Provider ID: 302452

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

Phone: (858) 966-4003

Fax: (858) 560-6798

After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1205381845

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Rady Childrens Health  
Network

#### PHYSICIANS ASSISTANT

### SCHMITT, EVA

Provider ID: 264176

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1174715106

Provider English Spoken: Y

Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Rady Childrens Health Network

### 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

Website: N/A

IPA: UCSD Medical Group

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.






## D. Directorio de proveedores especialistas

<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>STALLINGS, ANDREA</b>            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</p>	<p>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</p>	<p> Accessibility: CONTACT PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>
<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TAN, CARMELA</b>            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)</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TAN, CARMELA</b>            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</p>	<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>TAN, CARMELA</b>            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</p>
		<p><b>PHYSICIANS ASSISTANT</b></p> <p><b>WAHLIN, TAMARA</b>            Provider ID: 299598            Board Certified Specialty: No            UCSD MEDICAL GROUP   16950 VIA TAZON</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas

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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

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### 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

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### PHYSICIANS ASSISTANT





**WAHLIN, TAMARA**  
Provider ID: 299599  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1083823322  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-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

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas



 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/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**

#### **WEIR, JACQUELINE**




*Provider ID: 278203*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 9909 MIRA MESA BLVD  
 STE 200  
 SAN DIEGO, CA 92131  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1932494499*





 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL): N*

*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*  
*IHP OF SOUTHERN CAL-PHP*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 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):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*IPA: IHP of Southern Cal-PHP, 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*

*Min/Max Age: 18\None*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): Provider ID: 203173

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

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### PSYCHOLOGIST

#### BANKS, SARAH

Provider ID: 304195

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164701132

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### PSYCHOLOGIST


#### BANKS, SARAH

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: 203174

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164701132

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---


### PSYCHOLOGIST


#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M 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*

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### PSYCHOLOGIST

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Min/Max Age: 18\None

American Sign Language (ASL): Provider ID: 296237

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

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### 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

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

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### PSYCHOLOGIST

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**LEBENSOHN CHIALVO,  
FLORENCIA**


Provider ID: 245224

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1134788730

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

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### PSYCHOLOGIST


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**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

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### PSYCHOLOGIST


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**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

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### PSYCHOLOGIST


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**MONTOYA, JESSICA**

Provider ID: 274619

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003421256

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

---

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### **PSYCHOLOGIST**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700  
Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 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

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### SCHELLINGER, KRISTON

Provider ID: 213750

Board Certified Specialty: No  
UCSD MEDICAL GROUP

9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1710234273

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

#### SCHELLINGER, KRISTON

Provider ID: 213751

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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

**TARLE, STEPHANIE**

Provider ID: 303115

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1659920403

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### PSYCHOLOGIST

**TO, TUAN**

Provider ID: 290285

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1255696183

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

**TO, TUAN**

Provider ID: 290284

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1255696183

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 5\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: IHP of Southern Cal-PHP

### PSYCHOLOGIST

**TO, TUAN**







Provider ID: 290283

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP





4290 POLK AVE

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## D. Directorio de proveedores especialistas

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

**TWAMLEY, ELIZABETH**  
 Provider ID: 290717  
 Board Certified Specialty: No  
 IHP OF SOUTHERN CAL-PHP  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 Fax: (619) 687-1067  
 After Hours Phone: (619) 233-8500  
 Provider Gender: Female  
 NPI: 1700089141  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W 8:30AM-5PM  
 TH 8:30AM-9PM  
 F 8:30AM-5PM  
 Website: N/A  
 IPA: IHP of Southern Cal-PHP







### PUBLIC HEALTH

#### PREVENTATIVE MEDICINE



**SOZANSKI, JESSE**  
 Provider ID: 200925  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE STE 200  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1437446622  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8AM-5PM

 Website: N/A  
 IPA: UCSD Medical Group

### PULMONARY DISEASES

**BAILEY, JACOB**  
 Provider ID: 299924  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1598150039  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0\None  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 IPA: UCSD Medical Group

### 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

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## D. Directorio de proveedores especialistas

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: 238062

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1023436417

☑ Provider English Spoken: Y  
☑ Provider Language(s)

Spoken: Hindi, Malayalam  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 8AM-5PM

🌐 Website: N/A

IPA: UCSD Medical Group

### **PULMONARY DISEASES**

#### **JOSHUA, JISHA**

Provider ID: 238061

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1023436417

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Hindi, Malayalam

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


F 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

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## D. Directorio de proveedores especialistas




### UCSD MEDICAL GROUP

 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





## D. Directorio de proveedores especialistas

*F 8AM-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

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

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## D. Directorio de proveedores especialistas

### 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: 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

#### 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

#### 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

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## D. Directorio de proveedores especialistas

<p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>AWWAD, REEM</b>            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</p>	<p> 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</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N   Accessibility: CONTACT            PROVIDER   Website: N/A            IPA: UCSD Medical Group</p>
<p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>AWWAD, REEM</b>            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</p>	<p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>BERMAN, ZACHARY</b>            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</p>	<p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>BERMAN, ZACHARY</b>            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</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>BISSET, LOGAN</b>            Provider ID: 311143            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR            SAN DIEGO, CA 92103            Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1356760276</p> <p>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</p> <p>Accessibility: CONTACT            PROVIDER            Website: N/A            IPA: UCSD Medical Group</p>	<p>After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1356760276</p> <p>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</p> <p>Accessibility: CONTACT            PROVIDER            Website: N/A            IPA: UCSD Medical Group</p>	<p>Medi-Cal Open Panel: Yes            Min/Max Age: 0\None            American Sign Language (ASL):            N</p> <p>Accessibility: CONTACT            PROVIDER            Website: N/A            IPA: UCSD Medical Group</p>
<p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>BISSET, LOGAN</b>            Provider ID: 311144            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>6655 ALVARADO RD            SAN DIEGO, CA 92120            Phone: (800) 926-8273            Fax: (888) 539-8781</p>	<p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>BONE, SAMUEL</b>            Provider ID: 311166            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>6655 ALVARADO RD            SAN DIEGO, CA 92120            Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1841216306</p> <p>Provider English Spoken: Y            Cultural Competency: N            Hospital Affiliation: GEORGE L            MEE MEMORIAL HOSP, UC            DAVIS MEDICAL CTR, UCSD            MEDICAL CTR</p>	<p><b><u>RADIOLOGY DIAGNOSTIC</u></b></p> <p><b>BONE, SAMUEL</b>            Provider ID: 311165            Board Certified Specialty: No            UCSD MEDICAL GROUP</p> <p>200 W ARBOR DR            SAN DIEGO, CA 92103            Phone: (800) 926-8273            Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273            Provider Gender: Male            NPI: 1841216306</p> <p>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</p> <p>Accessibility: CONTACT            PROVIDER            Website: N/A            IPA: UCSD Medical Group</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### **RADIOLOGY DIAGNOSTIC**

#### **BRANCH, CODY**

Provider ID: 283675

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851770622

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **BRANCH, CODY**

Provider ID: 304199

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851770622

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **BROWN, TERESA**

Provider ID: 311079

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1669492237

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SAN  
LEANDRO HOSPITAL,

Highland Hospital, Alameda  
Hospital, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **BROWN, TERESA**

Provider ID: 311080

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1669492237

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SAN  
LEANDRO HOSPITAL,

Highland Hospital, Alameda  
Hospital, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **CARLSON, BLAKE**

Provider ID: 311134

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1548249956


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Eisenhower  
Medical Center, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **CARLSON, BLAKE**

Provider ID: 311135

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 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: 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**


#### **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

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## D. Directorio de proveedores especialistas

### RADIOLOGY DIAGNOSTIC

#### **CARSWELL, AIMEE**

Provider ID: 304194

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (858) 554-1212

Fax: (858) 795-1195

After Hours Phone: (858)  
554-1212

Provider Gender: Female

NPI: 1619156635

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR,  
UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### **CHENG, KAREN**

Provider ID: 304207

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1427430511

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC

#### **CHENG, KAREN**

Provider ID: 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
IPA: UCSD Medical Group

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### **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

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### **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

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### **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

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

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**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

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**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

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**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

THORNTON, UCSD MEDICAL  
CTR, 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: 311593

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184121899

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **GORDON, EMILE**

Provider ID: 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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas



 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **RADIOLOGY DIAGNOSTIC**

#### **GORDON, EMILE**




*Provider ID: 311594*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Male*  
*NPI: 1184121899*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*




 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **RADIOLOGY DIAGNOSTIC**

#### **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### **RADIOLOGY DIAGNOSTIC**

#### **HELMY, MARWAH**

Provider ID: 311095

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841276730

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: DOCTORS  
MEDICAL CENTER, Providence

St Jude Medical Center,  
Parkview Community Hospital  
Medical Center, ST

BERNARDINE MED CTR,  
COMMUNITY HOSP OF SAN  
BERNARDINO, KINDRED

HOSPITAL ONTARIO,  
DAMERON HOSPITAL ASSOC,  
DAMERON HOSPITAL ASSOC,  
ST JOSEPHS MEDICAL

CENTER, REGIONAL MEDICAL  
CTR OF SAN JOSE, MARK  
TWIN MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **HELMY, MARWAH**

Provider ID: 311096

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841276730

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: DOCTORS  
MEDICAL CENTER, Providence

St Jude Medical Center,  
Parkview Community Hospital  
Medical Center, ST

BERNARDINE MED CTR,  
COMMUNITY HOSP OF SAN  
BERNARDINO, KINDRED

HOSPITAL ONTARIO,  
DAMERON HOSPITAL ASSOC,  
DAMERON HOSPITAL ASSOC,  
ST JOSEPHS MEDICAL

CENTER, REGIONAL MEDICAL  
CTR OF SAN JOSE, MARK  
TWIN MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Provider ID: 299957

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: 299957

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los  
Angeles General Medical

Center, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **JAFFRAY, PAUL**

Provider ID: 299958

Board Certified Specialty: No  
UCSD MEDICAL GROUP

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los  
Angeles General Medical

Center, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **JAFFRAY, PAUL**

Provider ID: 304165

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los  
Angeles General Medical

Center, UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **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**

#### **KHURANA, AMAN**

Provider ID: 307765

Board Certified Specialty: No  
UCSD MEDICAL GROUP

6655 ALVARADO RD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1427496710  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**KHURANA, AMAN**  
Provider ID: 307768  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1427496710  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**KONDILI, DHIMITER**  
Provider ID: 283143  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1699125450  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**KONDILI, DHIMITER**  
Provider ID: 283145  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
📍 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1699125450  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8AM-5PM  
🌐 Website: N/A  
IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Male

NPI: 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: 300064

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Min/Max Age: 0\None

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC

#### **RICKMAN, CHRISTOPHER**

Provider ID: 311168

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497759898

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Providence  
St Joseph Hospital, SUTTER  
COAST HOSPITAL, SUTTER  
LAKESIDE HOSP, SUTTER  
MATERNITY AND SURGERY  
CENTER OF SANTA CRUZ,  
MEMORIAL HOSPITAL MED

CTR, EISENHOWER MEDICAL  
CTR, Alameda Hospital,  
Alameda Hospital, Highland  
Hospital, SAN LEANDRO  
HOSPITAL, SAN LEANDRO  
HOSPITAL

Medi-Cal Open Panel: Yes

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### RADIOLOGY DIAGNOSTIC


#### **RICKMAN, CHRISTOPHER**

Provider ID: 311169

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497759898

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Providence  
St Joseph Hospital, SUTTER  
COAST HOSPITAL, SUTTER  
LAKESIDE HOSP, SUTTER  
MATERNITY AND SURGERY  
CENTER OF SANTA CRUZ,  
MEMORIAL HOSPITAL MED

CTR, EISENHOWER MEDICAL  
CTR, Alameda Hospital,  
Alameda Hospital, Highland  
Hospital, SAN LEANDRO  
HOSPITAL, SAN LEANDRO  
HOSPITAL

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): UCSD MEDICAL GROUP

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **RITCHIE, DAVID**

Provider ID: 300031

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407201916

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **ROZELL, JOSEPH**

Provider ID: 311178

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1629368519

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
EISENHOWER MEDICAL CTR,  
UCSD MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **ROZELL, JOSEPH**

Provider ID: 311179


Board Certified Specialty: No

UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1629368519

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): Provider ID: 304202

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **SADAT, SAYED**


Provider ID: 299968

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679000806

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, MAD RIVER  
COMM HOSPITAL,  
MOUNTAINS COMMUNITY  
HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


#### **SADAT, SAYED**

Board Certified Specialty: No

UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679000806

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, MAD RIVER  
COMM HOSPITAL,  
MOUNTAINS COMMUNITY  
HOSP

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **SCHULTZ, HEATHER**


Provider ID: 240344

Board Certified Specialty: No

UCSD MEDICAL GROUP

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**


#### **SCHULTZ, HEATHER**


Provider ID: 240342

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 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: 283312

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1851746382

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY


THORNTON, LOMA LINDA  
UNIVERSITY MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 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

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

### MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group

### 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

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## D. Directorio de proveedores especialistas


 Website: N/A  
 IPA: UCSD Medical Group


### **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

IPA: UCSD Medical Group


### **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 Gender: Male

NPI: 1386987261

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
 CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A


IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **TADDONIO, MICHAEL**

Provider ID: 240405  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1386987261

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
 CTR

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **RADIOLOGY DIAGNOSTIC**

#### **TADDONIO, MICHAEL**

Provider ID: 304179

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386987261

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**


#### **TADDONIO, MICHAEL**

Provider ID: 240407

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1386987261

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **TADROS, ANTHONY**

Provider ID: 268546

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306112057

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group


### **RADIOLOGY DIAGNOSTIC**

#### **TADROS, ANTHONY**

Provider ID: 304150

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273




Provider Gender: Male

NPI: 1306112057

 Provider English Spoken: Y



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## D. Directorio de proveedores especialistas

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
*JOLLA JOHN SALLY*  
*THORNTON, UCSD MEDICAL*  
*CTR*  
*Medi-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**


**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**




**VAHDAT, NOUSHIN**  
*Provider ID: 300071*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*



*Provider Gender: Female*  
*NPI: 1396700852*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*  
*IPA: UCSD Medical Group*

### **RADIOLOGY DIAGNOSTIC**


**VAHDAT, NOUSHIN**  
*Provider ID: 300070*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
 330 LEWIS ST  
SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1396700852*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.










## D. Directorio de proveedores especialistas

**PROVIDER**  
 Website: N/A  
 IPA: UCSD Medical Group

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### **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**

#### **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**

#### **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

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### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): 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: 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): 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: 283517

UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790146611


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### RADIOLOGY DIAGNOSTIC


#### **ZAPALA, MATTHEW**


Provider ID: 307676

Board Certified Specialty: No

UCSD MEDICAL GROUP


 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346482809

 Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, UCSF  
MEDICAL CENTER, UCSF  
Medical Center At Mission Bay,  
UCSF MEDICAL CENTER AT  
MOUNT ZION, 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: 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

MEDICAL 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: 286340

Board Certified Specialty: No  
 UCSD MEDICAL GROUP

 4303 LA JOLLA VILLAGE  
 DR STE 2110  
 SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1538312657

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD  
 MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### REGISTERED DIETITIAN / NUTRITIONIST

#### FISHER, JENNIFER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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

#### **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: 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

#### **AGUERO, PETER**

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider ID: 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

#### **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: 273381

Board Certified Specialty: No  
UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN STE 200  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669818993

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **BARTZ, BRYAN**

Provider ID: 273380

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669818993

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Website: N/A  
 IPA: UCSD Medical Group

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### REGISTERED PHYSICAL THERAPIST

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#### **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

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### 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



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### REGISTERED PHYSICAL THERAPIST


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#### **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



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### 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

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### 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, KAYLEE**

Provider ID: 279261

Board Certified Specialty: No  
UCSD MEDICAL GROUP

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1316426356

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### REGISTERED PHYSICAL THERAPIST

#### **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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p><i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   8929 UNIVERSITY CENTER            LN STE 200            SAN DIEGO, CA 92122   <i>Phone: (855) 543-0333</i>  <i>Fax: (858) 657-6873</i></p>	<p> <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1114472230</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Thai</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD</i></p>
<b><u>REGISTERED PHYSICAL THERAPIST</u></b>		
<p><b>JOHNSON, KENNADY</b>  <i>Provider ID: 305041</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   16950 VIA TAZON            SAN DIEGO, CA 92127   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Female</i>  <i>NPI: 1730834417</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD</i>  <b>MEDICAL CTR</b>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>	<p> <i>After Hours Phone: (855) 543-0333</i>  <i>Provider Gender: Male</i>  <i>NPI: 1114472230</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Thai</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD</i>  <b>MEDICAL CTR</b>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>	<p><i>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>
<b><u>REGISTERED PHYSICAL THERAPIST</u></b>		
<p><i>N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: UCSD Medical Group</i></p>	<p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p>	<p><b><u>REGISTERED PHYSICAL THERAPIST</u></b></p>
<p><b>MC ELROY, CARTER</b>  <i>Provider ID: 206522</i></p>	<p><b>MC ELROY, CARTER</b>  <i>Provider ID: 206523</i>  <i>Board Certified Specialty: No</i>  <b>UCSD MEDICAL GROUP</b>   16950 VIA TAZON            SAN DIEGO, CA 92127   <i>Phone: (800) 926-8273</i>  <i>Fax: (888) 539-8781</i></p>	<p> 16950 VIA TAZON            SAN DIEGO, CA 92127   <i>Phone: (800) 926-8273</i>   <i>After Hours Phone: (800) 926-8273</i>  <i>Provider Gender: Male</i>  <i>NPI: 1629558499</i>   <i>Provider English Spoken: Y</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: UCSD</i>  <b>MEDICAL CTR</b></p>

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### 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

NPI: 1942818505


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*  
*MEDICAL CTR, UCSD LA*  
**JOLLA JOHN SALLY**  
**THORNTON**

*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0\None*  
*American Sign Language (ASL):*  
**N**

 *Accessibility: CONTACT*  
**PROVIDER**

 *Hours: M-F 8AM-5PM*

 *Website: N/A*

*IPA: UCSD Medical Group*

### 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*

 4520 EXECUTIVE DR STE 1

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
Fax: (888) 539-8781  
🕒 After Hours Phone: (800) 926-8273  
Provider Gender: 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: 296930  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
📍 9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
☎ Phone: (877) 757-8353  
Fax: (818) 357-2505  
🕒 After Hours Phone: (877) 757-8353  
Provider Gender: Female  
NPI: 1063660165  
🗣 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18\None  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A  
IPA: IHP of Southern Cal-PHP

### **SPEECH PATHOLOGIST**

**AROCHO-SALGADO, MIRELIS**  
Provider ID: 296929  
Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP  
📍 11440 W BERNARDO CT

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

STE 300  
SAN DIEGO, CA 92127  
 Phone: (877) 757-8353  
Fax: (818) 357-2505  
 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: IHP of Southern Cal-PHP


### **SPEECH PATHOLOGIST**

**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): Provider ID: 307883

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**

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)  
757-8353

Provider Gender: Female

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## D. Directorio de proveedores especialistas

NPI: 1073873501

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 7AM-7PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### SPEECH PATHOLOGIST

#### **SCHIEDERMAYER, BENJAMIN**


Provider ID: 288937

Board Certified Specialty: No

UCSD MEDICAL GROUP

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164979837

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SPEECH PATHOLOGIST

#### **UNGER, LINDSEY**

Provider ID: 207202

Board Certified Specialty: No

UCSD MEDICAL GROUP

 8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1972936813

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### SURGERY COLON SURGERY

#### **EISENSTEIN, SAMUEL**

Provider ID: 286364

Board Certified Specialty: No

UCSD MEDICAL GROUP

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1194983932

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/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)


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## D. Directorio de proveedores especialistas

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


 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): **LOPEZ, NICOLE**

N

 Accessibility: CONTACT PROVIDER

 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**

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

 Phone: (800) 926-8273

Fax: (888) 539-8781


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 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

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### **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

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### **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

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### **SURGERY CRITICAL CARE**

#### **ADAMS, LAURA**

Provider ID: 284407

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: 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**

Provider ID: 211903

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1770742264

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **ARMANI, AVA**

Provider ID: 282141

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (858) 822-6100  
After Hours Phone: (858)  
822-6100

Provider Gender: Female  
NPI: 1861759383

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSF  
MEDICAL CENTER, UCSF  
Medical Center At Mission Bay,  
UCSF MEDICAL CENTER AT  
MOUNT ZION, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: UCSD Medical Group

### **SURGERY GENERAL**

#### **BARNES, RYAN**

Provider ID: 299904

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Phone: (858) 565-0104  
Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male  
NPI: 1831493501

Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, PALOMAR  
HEALTH

Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9AM-4:30PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **SURGERY GENERAL**

#### **BARNES, RYAN**

Provider ID: 129062

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Phone: (858) 565-0104  
Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male  
NPI: 1831493501

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, PALOMAR

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

IPA: Rady Childrens Health

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Network

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### **SURGERY GENERAL**


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**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

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### **SURGERY GENERAL**


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**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

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### **SURGERY GENERAL**


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**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

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### **SURGERY GENERAL**

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**BRUBAKER, ALEAH**

Provider ID: 285272

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790104305

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Yes

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### SURGERY GENERAL


#### **BRUBAKER, ALEAH**

Provider ID: 289164

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 8001 FROST ST

SAN DIEGO, CA 92123

 Phone: (858) 966-8354

Fax: (858) 966-5815

 After Hours Phone: (858) 966-8354

Provider Gender: Female

NPI: 1790104305

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network, UCSD Medical Group

### SURGERY GENERAL


#### **CASILLAS BERUMEN, SERGIO**

Provider ID: 304608

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6719 ALVARADO RD STE 303

SAN DIEGO, CA 92120

 Phone: (619) 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

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: IHP of Southern Cal-PHP

### SURGERY GENERAL


#### **CASILLAS BERUMEN, SERGIO**

Provider ID: 304609

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 6402 EL CAJON BLVD STE 100

SAN DIEGO, CA 92115


 Phone: (619) 582-4490

Fax: (619) 501-9702

 After Hours Phone: (619) 582-4490

Provider Gender: Male

NPI: 1437470762

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


























Hospital Affiliation: PALOMAR HEALTH, UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None



Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

<p><b>N</b></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Rady Childrens Health Network</i></p>	<p>DR STE 2110 SAN DIEGO, CA 92122</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1972954303</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>
<b><u>SURGERY GENERAL</u></b>		
<p><b>FAIRBANKS, TIMOTHY</b></p> <p><i>Provider ID: 260842</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>RADY CHILDRENS HEALTH NETWORK</i></p> <p> 3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123</p> <p> <i>Phone: (858) 966-7711</i></p> <p><i>Fax: (858) 966-7712</i></p> <p> <i>After Hours Phone: (858) 966-7711</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1407010556</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\19</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT</i></p>	<p><b>GARCIA CABRERA, ANA</b></p> <p><i>Provider ID: 311499</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Female</i></p> <p><i>NPI: 1205330354</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>	<p><b><u>SURGERY GENERAL</u></b></p> <p><b>HORGAN, SANTIAGO</b></p> <p><i>Provider ID: 286367</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122</p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1932297231</i></p>
<b><u>SURGERY GENERAL</u></b>		
<p><b>HOLLANDSWORTH, HANNAH</b></p> <p><i>Provider ID: 310729</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> 4303 LA JOLLA VILLAGE</p>		

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




 Provider 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

### **SURGERY GENERAL**

#### **JACOBSEN, GARTH**

Provider ID: 201729

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

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: 54298

Board Certified Specialty: No  
SAN DIEGO GEN AND

VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1629179684

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,

Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:30AM-5PM  
F 8:30AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### **SURGERY GENERAL**

**MUELLER, GEORGE**

Provider ID: 300091

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)  
565-0104

Provider Gender: Male

NPI: 1629179684

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,

Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL



































Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TH 8:30AM-5PM F 8:30AM-4PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC, IHP of Southern Cal-PHP</i></p>	<p><i>F 9AM-4PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: Community Care IPA LLC</i></p>	<p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1043410186</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>
<b><u>SURGERY GENERAL</u></b>		
<p><b>POLLACK, LARRY</b></p> <p><i>Provider ID: 54346</i></p> <p><i>Board Certified Specialty: Yes</i></p> <p><i>SAN DIEGO GEN AND VASCULAR SURGEONS MED GRP INC</i></p> <p> <i>7910 FROST ST STE 250 SAN DIEGO, CA 92123</i></p> <p> <i>Phone: (858) 565-0104</i></p> <p><i>Fax: (858) 565-0194</i></p> <p> <i>After Hours Phone: (858) 565-0104</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1104998400</i></p> <p> <i>Provider English Spoken: Y</i></p> <p> <i>Provider Language(s) Spoken: German, Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: SHARP MEMORIAL HOSPITAL</i></p>	<p> <i>4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122</i></p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1174059257</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p>	<p><i>N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-F 8AM-5PM</i></p> <p> <i>Website: N/A</i></p> <p><i>IPA: UCSD Medical Group</i></p>
<b><u>SURGERY GENERAL</u></b>		
<p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TH 9AM-5PM</i></p>	<p> <i>4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122</i></p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1043410186</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR</i></p>	<p><b><u>SURGERY GENERAL</u></b></p> <p><b>SANDLER, BRYAN</b></p> <p><i>Provider ID: 286383</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> <i>200 W ARBOR DR SAN DIEGO, CA 92103</i></p> <p> <i>Phone: (800) 926-8273</i></p> <p><i>Fax: (888) 539-8781</i></p> <p> <i>After Hours Phone: (800) 926-8273</i></p> <p><i>Provider Gender: Male</i></p> <p><i>NPI: 1043410186</i></p> <p> <i>Provider English Spoken: Y</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Hospital Affiliation: UCSD MEDICAL CTR</i></p>
<b><u>SURGERY GENERAL</u></b>		
<p><i>Medi-Cal Open Panel: Yes</i></p> <p><i>Min/Max Age: 0\None</i></p> <p><i>American Sign Language (ASL):</i></p> <p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TH 9AM-5PM</i></p>	<p><b>SANDLER, BRYAN</b></p> <p><i>Provider ID: 286357</i></p> <p><i>Board Certified Specialty: No</i></p> <p><i>UCSD MEDICAL GROUP</i></p> <p> <i>4303 LA JOLLA VILLAGE DR STE 2110 SAN DIEGO, CA 92122</i></p>	<p><i>N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p> <i>Hours: M-TH 9AM-5PM</i></p>

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## D. Directorio de proveedores especialistas


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 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  
IHP OF SOUTHERN CAL-PHP

 8008 FROST ST STE 403  
SAN DIEGO, CA 92123

 Phone: (858) 715-9200

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## D. Directorio de proveedores especialistas

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **BEN-HAIM, SHARONA**

Provider ID: 304129

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942469663

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Hebrew, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, TRI CITY MEDICAL CTR,  
PALOMAR MEDICAL CENTER,  
COLUSA MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **HATEFI, DUSTIN**

Provider ID: 310033

Board Certified Specialty: No

UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790072106

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: UCSD Medical Group

### **SURGERY NEUROLOGICAL**

#### **LEVY, MICHAEL**

Provider ID: 298705

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

📍 7910 FROST ST STE 180  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8574

Fax: (858) 966-7930

🕒 After Hours Phone: (858)

966-8574

Provider Gender: Male

NPI: 1164593927

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
CHILDRENS HOSP OF LOS  
ANGELES

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

IPA: Rady Childrens Health  
Network

### **SURGERY NEUROLOGICAL**

#### **MARSHALL, LAWRENCE**

Provider ID: 244150

Board Certified Specialty: No  
UCSD MEDICAL GROUP

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1750306171

🗣 Provider English Spoken: Y  
Provider Language(s)

Spoken: German, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas


MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/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):  
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

**PHAM, MARTIN**


Provider ID: 244158

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609130921

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR, TRI CITY MEDICAL CTR,


PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

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)  
657-8540

Provider Gender: Male

NPI: 1366530321

 Provider English Spoken: Y  
Cultural Competency: N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Hospital Affiliation: UCSD  
MEDICAL CTR, 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

CAMPUS MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: Imperial Health Holdings

Medical Group-SD

### **SURGERY ORTHOPEDIC**


**BUI, CHRISTOPHER**

Provider ID: 241162

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1619231537

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

**BUKATA, SUSAN**

Provider ID: 304181

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932140639

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**

**BUKATA, SUSAN**

Provider ID: 277948

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932140639

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**


**CHENG, YU-TSUN**

Provider ID: 301903

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)  
966-6789

Provider Gender: Male

NPI: 1992982854

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, SOUTHWEST

HEALTHCARE INLAND

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

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: 246466

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123


 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)  
966-6789

Provider Gender: Female

NPI: 1659634699

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network


### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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**


#### **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

### **SURGERY ORTHOPEDIC**

#### **HURVITZ, ANDREW**




Provider ID: 311579

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.




## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1083842371

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group

### **SURGERY ORTHOPEDIC**

#### **HURVITZ, ANDREW**

Provider ID: 311580  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male  
NPI: 1083842371

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


IPA: UCSD Medical Group


### **SURGERY ORTHOPEDIC**

#### **JACKSON, MADELEINE**

Provider ID: 301818  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female  
NPI: 1386140085


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: No

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: Rady Childrens Health  
Network


### **SURGERY ORTHOPEDIC**

#### **KUSNEZOV, NICHOLAS**

Provider ID: 303196

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 7910 FROST ST STE 340  
SAN DIEGO, CA 92123

 Phone: (858) 824-1703

Fax: (858) 455-6473

 After Hours Phone: (858)  
824-1703

Provider Gender: Male  
NPI: 1396185161

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TWIN  
CITIES COMMUNITY

HOSPITAL, TRI CITY MEDICAL  
CTR, PARADISE VALLEY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SHARP CHULA

VISTA MED CTR, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, Sharp

Grossmont Hospital, Sharp

Grossmont Hospital, SHARP

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: IHP of Southern Cal-PHP

### **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

Medi-Cal Open Panel: No

Min/Max Age: 0\19

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

American Sign Language (ASL): 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  
IPA: Rady Childrens Health Network

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health


### **SURGERY PEDIATRIC**

#### **BICKLER, STEPHEN**

Provider ID: 270090

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858) 966-7711

Provider Gender: Male

NPI: 1891866653

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY PEDIATRIC**


#### **GOSMAN, AMANDA**

Provider ID: 205841

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH NETWORK

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-4064

 After Hours Phone: (858) 966-5999

Provider Gender: Female

NPI: 1164436291

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health Network

### **SURGERY PEDIATRIC**

#### **KELLER, BENJAMIN**


Provider ID: 285941

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1285953364

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network


### SURGERY PEDIATRIC

#### **KELLER, BENJAMIN**

Provider ID: 272196

Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-5999

Fax: (858) 966-4064

 After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1285953364

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health

Network


### SURGERY PEDIATRIC

#### **KLING, KAREN**

Provider ID: 283380

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,

SHARP MARY BIRCH HOSP  
FOR WOMEN AND

NEWBORNS, NATIONAL  
NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: Rady Childrens Health  
Network

### SURGERY PEDIATRIC


#### **KLING, KAREN**

Provider ID: 205340

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 8110 BIRMINGHAM WAY FL  
2

SAN DIEGO, CA 92123

 Phone: (858) 966-7711

Fax: (858) 966-7712

 After Hours Phone: (858)  
966-7711

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### RADY CHILDRENS HEALTH NETWORK

8110 BIRMINGHAM WAY FL 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: 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: 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: 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


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## D. Directorio de proveedores especialistas

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

IPA: Rady Childrens Health Network, UCSD Medical Group

### **SURGERY PLASTIC**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: 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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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):

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: 256383

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8030

 After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1265071005

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL): Network

N

 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

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## D. Directorio de proveedores especialistas

*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,

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## D. Directorio de proveedores especialistas


UCSD MEDICAL CTR, 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):

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

---

### UROLOGY

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**MONGA, MANOJ**

Provider ID: 311516

Board Certified Specialty: No  
UCSD MEDICAL GROUP

 9333 GENESEE AVE STE  
220

SAN DIEGO, CA 92121


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174609127

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

IPA: UCSD Medical Group

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### UROLOGY


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**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Provider Gender: Female

NPI: 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

Provider Gender: Female

NPI: 1174609127

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: UCSD Medical Group

### UROLOGY

#### MOORE, SARAH


Provider ID: 311610

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 4060 4TH AVE STE 310

SAN DIEGO, CA 92103

 Phone: (619) 297-4707

Fax: (858) 429-7927

 After Hours Phone: (619)  
297-4707

Provider Gender: Female

NPI: 1538620760

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

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

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## D. Directorio de proveedores especialistas

9333 GENESEE AVE STE  
220

SAN DIEGO, CA 92121  
Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1699936609

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A  
IPA: UCSD Medical Group

### UROLOGY

#### SWORDS, KELLY

Provider ID: 206183  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

7920 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 966-7484  
Fax: (858) 966-4064

After Hours Phone: (858)  
966-7484

Provider Gender: Female  
NPI: 1316101256

Provider English Spoken: Y  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.








## D. Directorio de proveedores especialistas

### PROVIDER

 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: Community Care IPA LLC,  
 IHP of Southern Cal-PHP








### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

NPI: 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

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### CERTIFIED NURSE PRACTITIONER

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#### **CABRAL, ALEJANDRA**

Provider ID: 297888

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1699222620

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER

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#### **FODDA, RAMI**

Provider ID: 296603

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1164660452

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-6PM  
SA 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

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#### **GARCIA, REGINA**

Provider ID: 297837

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1639673858

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

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#### **HAN, ANGELA**

Provider ID: 300215

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1629242839

Provider English Spoken: Y

Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: JOHN  
MUIR MEDICAL CENTER

WALNUT CREEK CAMPUS

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER

#### **KOHOUT, KATHRYN**

Provider ID: 291105

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1316544331

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 A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-6744


After Hours Phone: (760)  
736-6767

Provider Gender: Female

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 1972090306

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER


#### **YCASAS, EMILY**

Provider ID: 307853

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1033841861


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 18\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED REGISTERED NURSE MIDWIFE

#### **BELANGER, TANYA**

Provider ID: 290739

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1407287469

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER,  
SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### CHIROPRACTOR


#### **JIMENEZ, CLARIBEL**

Provider ID: 307941

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1801255484

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### DERMATOLOGY


#### **BROWN, REGINA**

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### 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


#### TOLENTINO, ARTURO

Provider ID: 298696


Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069


 Phone: (833) 867-4642


Fax: (360) 462-5827

 After Hours Phone: (833)  
867-4642

Provider Gender: Male

NPI: 1609066018

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER, UCI

HEALTH-LAKEWOOD


Medi-Cal Open Panel: Yes

Min/Max Age: 0\17

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY


#### DO, HULBERT

Provider ID: 295941

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 955 BOARDWALK STE 100  
SAN MARCOS, CA 92078


 Phone: (760) 798-8855


Fax: (619) 616-2104

 After Hours Phone: (760)  
798-8855

Provider Gender: Male

NPI: 1679733760

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

IPA: IHP of Southern Cal-PHP

### INTERVENTIONAL

#### CARDIOLOGY


#### DO, HULBERT

Provider ID: 291583

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744


 After Hours Phone: (760)  
736-6767

Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

NPI: 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

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### INTERVENTIONAL CARDIOLOGY

#### **SUDHAKAR, DEEPTHI**

Provider ID: 291607

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: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## D. Directorio de proveedores especialistas




 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

MED CTR

Medi-Cal Open Panel: Yes

Min/Max Age: 16\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **OBSTETRICS / GYNECOLOGY**

**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 VALPREDA RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1700073962

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **PEDIATRICS**


**LUM HO, RACHEL**

Provider ID: 303150

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1215469283

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,

Rady Childrens Health

Network

### **PEDIATRICS**

**LUM HO, RACHEL**

Provider ID: 304047

Board Certified Specialty: No


RADY CHILDRENS HEALTH  
NETWORK

 150 VALPREDA RD  
SAN MARCOS, CA 92069

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## D. Directorio de proveedores especialistas


 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1215469283

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Yes

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM  
SA 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP,  
Rady Childrens Health  
Network


### **PEDIATRICS**

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

736-6767  
 Provider Gender: Female  
 NPI: 1073518965  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 5\50  
 American Sign Language (ASL):  
 N  
 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

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## D. Directorio de proveedores especialistas


 *Accessibility: CONTACT PROVIDER*  
 *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):*

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## D. Directorio de proveedores especialistas

<p>N   <i>Accessibility: CONTACT PROVIDER</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>	<p><i>IPA: IHP of Southern Cal-PHP</i></p>	<p>SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 205-6305</i>   <i>After Hours Phone: (619) 662-4100</i>  <i>Provider Gender: Female</i>  <i>NPI: 1083684997</i></p>
<b><u>FAMILY PRACTICE</u></b>		
<p><b>CHOU, SUSANNA</b>  <i>Provider ID: 310842</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 205-6305</i>   <i>After Hours Phone: (619) 662-4100</i>  <i>Provider Gender: Female</i>  <i>NPI: 1104889724</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Chinese, Mandarin, Spanish</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>	<p><b>DALUGDUGAN, ESTHER</b>  <i>Provider ID: 302285</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 205-6305</i>   <i>After Hours Phone: (619) 662-4100</i>  <i>Provider Gender: Female</i>  <i>NPI: 1962662718</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Tagalog</i>  <i>Cultural Competency: N</i>  <i>Hospital Affiliation: SHARP CHULA VISTA MED CTR</i>  <i>Medi-Cal Open Panel: Yes</i>  <i>Min/Max Age: 0\None</i>  <i>American Sign Language (ASL):</i></p>	<p><i>N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i>  <i>IPA: IHP of Southern Cal-PHP</i></p>
<b><u>FAMILY PRACTICE</u></b>		
<p><i>N</i>   <i>Accessibility: CONTACT PROVIDER</i>   <i>Hours: M-F 8AM-5PM</i>   <i>Website: N/A</i></p>	<p><b>GOLU, CRISTIANA</b>  <i>Provider ID: 310232</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   4004 BEYER BLVD</p>	<p><b>MANSOUR, SABAH</b>  <i>Provider ID: 310230</i>  <i>Board Certified Specialty: No</i>  <i>IHP OF SOUTHERN CAL-PHP</i>   4004 BEYER BLVD            SAN YSIDRO, CA 92173   <i>Phone: (619) 662-4100</i>  <i>Fax: (619) 205-6305</i>   <i>After Hours Phone: (619) 662-4100</i>  <i>Provider Gender: Male</i>  <i>NPI: 1194388637</i>   <i>Provider English Spoken: Y</i>   <i>Provider Language(s) Spoken: Arabic</i>  <i>Cultural Competency: N</i></p>

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## D. Directorio de proveedores especialistas

Medi-Cal Open Panel: Yes

Min/Max Age: 13\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **FAMILY PRACTICE**


#### **NAVARRO, VANESSA MARIA**

Provider ID: 297756

Board Certified Specialty: No

IHP OF SOUTHERN CAL-PHP

 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100


Fax: (619) 785-3384

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1952563421

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA  
MED CTR

Medi-Cal Open Panel: Yes


Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8AM-2:30PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IHP OF SOUTHERN CAL-PHP

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






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## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas



 Website: N/A  
 IPA: IHP of Southern Cal-PHP

### **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

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## D. Directorio de proveedores especialistas

### 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,

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## D. Directorio de proveedores especialistas

PARADISE VALLEY HOSPITAL,  
TRI CITY MEDICAL CTR  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16\None  
American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 9AM-5PM

 Website: N/A

IPA: IHP of Southern Cal-PHP


### **CARDIOVASCULAR DISEASE**

#### **ABELHAD, NADIA**


Provider ID: 306897

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619400801

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM

F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### **CARDIOVASCULAR DISEASE**

#### **ABELHAD, NADIA**

Provider ID: 306896

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619400801

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP


### **CARDIOVASCULAR DISEASE**

#### **DO, HULBERT**

Provider ID: 290574

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679733760

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 9AM-8PM  
M-TH 9AM-8PM

F 9AM-5PM

SA 9AM-4PM

 Website: N/A

IPA: IHP of Southern Cal-PHP

### **CERTIFIED ACUPUNCTURIST**

#### **DUFFIELD, GARY**

Provider ID: 311752

Board Certified Specialty: No

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## D. Directorio de proveedores especialistas

### 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**

### DUFFIELD, GARY

Provider ID: 310925

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: 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**

### SONG, CAROL

Provider ID: 290550

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## D. Directorio de proveedores especialistas

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1518166685

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 9AM-5PM

SA 9AM-4PM

Website: N/A

IPA: IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**APRIL, MONIQUE**

Provider ID: 307939

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1093288730

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### CERTIFIED NURSE PRACTITIONER

**APRIL, MONIQUE**

Provider ID: 306977

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1093288730

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8AM-5PM

Website: N/A

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

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## D. Directorio de proveedores especialistas

### CERTIFIED NURSE PRACTITIONER

#### **AYELE, MAHOGANY**

Provider ID: 257586

Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1902120421

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8AM-8PM  
F 8AM-5PM

SA 9AM-4PM

Website: N/A

IPA: BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

### CERTIFIED NURSE PRACTITIONER

#### **AYELE, MAHOGANY**

Provider ID: 257587

Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (844) 308-5003

Fax: (760) 414-3763

After Hours Phone: (844)  
308-5003

Provider Gender: Female

NPI: 1902120421

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8AM-5PM  
TU 10:30AM-7:30PM

W-F 8AM-5PM

Website: N/A

IPA: BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

### CERTIFIED NURSE PRACTITIONER

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

SA 9AM-4PM  
Website: N/A  
IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

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### CERTIFIED NURSE PRACTITIONER

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#### **CARDINELL, ANNA**

Provider ID: 291411  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

910 SYCAMORE AVE STE  
270  
VISTA, CA 92081

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306978614

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-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

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### CERTIFIED NURSE PRACTITIONER

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#### **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

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## D. Directorio de proveedores especialistas

🕒 *Hours: M 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: 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas




**PROVIDER**  
 Hours: M-F 8AM-5PM  
 Website: N/A  
 IPA: 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  
 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**


---

**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### 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

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

---

### CERTIFIED NURSE PRACTITIONER

---

#### **KELLEHER, BRIDGET**

Provider ID: 298085

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

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

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### 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

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## D. Directorio de proveedores especialistas


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: 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

#### **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

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## D. Directorio de proveedores especialistas

IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 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

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## D. Directorio de proveedores especialistas

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

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## D. Directorio de proveedores especialistas

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.








## D. Directorio de proveedores especialistas

### PROVIDER

 Hours: M-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

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## D. Directorio de proveedores especialistas

### IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

IPA: IHP of Southern Cal-PHP

### 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

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## D. Directorio de proveedores especialistas

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: 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,  
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

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## D. Directorio de proveedores especialistas

Min/Max Age: 0\None

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

 Hours: M 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: 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): IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

 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: 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

### OPTOMETRIST


#### **KIM, MICHAEL**

Provider ID: 245239

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

 134 GRAPEVINE RD

VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1164546313

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-W 8AM-5PM

TH 10:30AM-7:30PM

F 8AM-5PM

 Website: N/A

IPA: Community Care IPA LLC,

IHP of Southern Cal-PHP

### OPTOMETRIST

#### **KIM, MICHAEL**







Provider ID: 290697

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP






 134 GRAPEVINE RD



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## D. Directorio de proveedores especialistas








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

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## D. Directorio de proveedores especialistas

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: 290315

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1497161236

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Yue Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 9AM-4PM  
M-TH 8AM-8PM  
F 8AM-5PM  
SA 9AM-4PM

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### OPTOMETRIST

**TAM, EMILY**

Provider ID: 290316

Board Certified Specialty: No  
IHP OF SOUTHERN CAL-PHP

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1497161236

Provider English Spoken: Y

Provider Language(s)

Spoken: Chinese, Mandarin,  
Yue Chinese

Cultural Competency: N

Medi-Cal Open Panel: Yes

Min/Max Age: 0\None

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

IPA: Community Care IPA LLC,  
IHP of Southern Cal-PHP

### PEDIATRICS

**RAHIMI, NASSRIN**

Provider ID: 257581

Board Certified Specialty: No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1063438166

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Persian

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Yes


Min/Max Age: 0\18


American Sign Language (ASL):

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## D. Directorio de proveedores especialistas

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

### THERAPIST

#### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.








## D. Directorio de proveedores especialistas




NPI: 1932527751

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### ANESTHESIOLOGY

#### **KRAUSE, MARTIN**




Provider ID: 287654  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
 Phone: (951) 677-1111  
Fax: (951) 677-9757  
 After Hours Phone: (951)  
677-1111  
Provider Gender: Male  
NPI: 1417243239  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: German

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY  
THORNTON, SOUTHWEST  
HEALTHCARE INLAND  
VALLEY HOSPITAL  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### ANESTHESIOLOGY CRITICAL CARE MEDICINE


#### **RODRIGUEZ-MINETTE, JESSICA**

Provider ID: 275308  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1164809950  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0\None

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F 8AM-5PM  
 Website: N/A  
IPA: UCSD Medical Group

### EMERGENCY MEDICINE

#### **LI, JINGHONG**

Provider ID: 255940  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
 36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
 Phone: (951) 677-1111  
 After Hours Phone: (951)  
677-1111  
Provider Gender: Female  
NPI: 1619014479

 Provider English Spoken: Y  
Cultural Competency: N  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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### 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

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### 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

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### 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

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### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## D. Directorio de proveedores especialistas

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*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## E. Directorio de hospitales: hospital general de atención aguda

### GROSSMONT HOSPITAL

Provider ID: 170046

5555 GROSSMONT CENTER DR  
LA MESA, CA 91942

Phone: (619) 740-6000

After Hours Phone: (619) 740-6000

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: 080000006

NPI: 1528041811

Website: [www.sharp.com/hospitals/grossmont/](http://www.sharp.com/hospitals/grossmont/)

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

### KINDRED HOSPITAL SAN DIEGO

Provider ID: 169663

1940 EL CAJON BLVD  
SAN DIEGO, CA 92104

Phone: (619) 543-4500

After Hours Phone: (619) 543-4500

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

NPI: 1992880512

Website: N/A

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PALOMAR HEALTH

Provider ID: 170052

15615 POMERADO RD  
POWAY, CA 92064

Phone: (858) 613-4000

After Hours Phone: (858) 613-4000

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: 080000127

NPI: 1376513754

Website: [www.palomarhealth.org/facilities/palomar-poway-outpatient](http://www.palomarhealth.org/facilities/palomar-poway-outpatient)

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PALOMAR MEDICAL CENTER

Provider ID: 173011

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

Phone: (442) 281-5000

After Hours Phone: (442) 281-5000

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: 080000083

NPI: 1457321317

Website: [www.palomarhealth.org/facilities/palomar-medical-center](http://www.palomarhealth.org/facilities/palomar-medical-center)

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

### PARADISE VALLEY HOSPITAL

Provider ID: 170057

2400 E 4TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 470-4321

After Hours Phone: (619) 470-4321

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## E. Directorio de hospitales: hospital general de atención aguda

days/week  
NPI: 1356410351

 Website: [www.paradisevalleyhospital.net](http://www.paradisevalleyhospital.net)


American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

### RADY CHILDRENS HOSPITAL SAN DIEGO

Provider ID: 171083

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 576-1700

 After Hours Phone: (858) 576-1700

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

NPI: 1710065933

 Website: [www.rchsd.org](http://www.rchsd.org)

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

### SCRIPPS GREEN HOSPITAL

Provider ID: 171084

 10666 N TORREY PINES RD  
MS 220

LA JOLLA, CA 92037


 Phone: (858) 455-9100

 After Hours Phone: (858) 455-9100

Accepting New Patients: No  
Min/Max Age: 0\None


Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 080000139

NPI: 1841233780

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-green-hospital](http://www.scripps.org/locations/hospitals__scripps-green-hospital)


American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

### SCRIPPS MEMORIAL HOSPITAL

Provider ID: 170045

 9888 GENESEE AVE  
LA JOLLA, CA 92037


 Phone: (800) 727-4777

 After Hours Phone: (800) 727-4777

Accepting New Patients: No  
Min/Max Age: 0\None


Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 080000050

NPI: 1841277704

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-memorial-hospital-la-jolla](http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-la-jolla)

American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER


Birthing Friendly: Y

### SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Provider ID: 170305

 354 SANTA FE DR  
ENCINITAS, CA 92024


 Phone: (760) 753-6501

 After Hours Phone: (760) 753-6501

Accepting New Patients: No  
Min/Max Age: 0\None


Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 080000148

NPI: 1700829199

 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-memorial-hospital-encinitas](http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-encinitas)

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## E. Directorio de hospitales: hospital general de atención aguda

### SCRIPPS MERCY HOSPITAL

Provider ID: 170048

4077 5TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 294-8111

After Hours Phone: (619) 294-8111

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7 days/week

NPI: 1659359446

Website: [www.scripps.org/locations/hospitals\\_\\_scripps-mercy-hospital\\_\\_scripps-mercy-hospital-san-diego](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-san-diego)

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

### SCRIPPS MERCY HOSPITAL CHULA VISTA

Provider ID: 170256

435 H ST  
CHULA VISTA, CA 91910

Phone: (619) 691-7000

After Hours Phone: (619) 691-7000

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status: JCAHO

Hours: 24 Hours / 7 days/week

License Number: 090000074

NPI: 1659359446

Website: [www.scripps.org/locations/hospitals\\_\\_scripps-mercy-hospital\\_\\_scripps-mercy-hospital-chula-vista](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista)

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

### SELECT SPECIALTY HOSPITAL SAN DIEGO

Provider ID: 170165

555 WASHINGTON ST  
SAN DIEGO, CA 92103

Phone: (619) 260-8300

After Hours Phone: (619) 260-8300

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7 days/week

License Number: 090000404

NPI: 1639172133

Website: N/A

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

### SHARP CHULA VISTA MED CTR

Provider ID: 170251

751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

Phone: (619) 502-5800

After Hours Phone: (619) 502-5800

Accepting New Patients: No

Min/Max Age: 0\None

Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7 days/week

License Number: 090000008

NPI: 1396728630

Website: [www.sharp.com/hospitals/chula-vista/](http://www.sharp.com/hospitals/chula-vista/)

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Birthing Friendly: Y

### SHARP CORONADO HOSP AND HEALTHCARE CTR

Provider ID: 170252

250 PROSPECT PL  
CORONADO, CA 92118

Phone: (619) 522-3600

After Hours Phone: (619) 522-3600

Accepting New Patients: No

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## E. Directorio de hospitales: hospital general de atención aguda


Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

 Hours: 24 Hours / 7 days/week

NPI: 1154304475

 Website: [www.sharp.com/hospitals/coronado/](http://www.sharp.com/hospitals/coronado/)


American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

### SHARP MARY BIRCH 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](http://www.sharp.com)

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Birth Friendly: Y

### SHARP MEMORIAL HOSPITAL

Provider ID: 170047

 7901 FROST ST  
SAN DIEGO, CA 92123


 Phone: (858) 939-3400

 After Hours Phone: (858) 939-3400

Accepting New Patients: No  
Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

NPI: 1407839921

 Website: [www.sharp.com/hospitals/memorial/](http://www.sharp.com/hospitals/memorial/)

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Birth Friendly: Y

### TRI CITY MEDICAL CTR


Provider ID: 170049

 4002 VISTA WAY  
OCEANSIDE, CA 92056

 Phone: (760) 724-8411


 After Hours Phone: (760) 724-8411

Accepting New Patients: No  
Min/Max Age: 0\None

 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

NPI: 1801861190

 Website: [www.tricitymed.org](http://www.tricitymed.org)

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Birth Friendly: Y

### UC SAN DIEGO HEALTH - EAST CAMPUS MEDICAL CENTER


Provider ID: 685221

 6655 ALVARADO RD  
SAN DIEGO, CA 92120


 Phone: (619) 287-3270

 After Hours Phone: (619) 287-3270

Accepting New Patients: No  
Min/Max Age: 0\None

 Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

 Hours: 24 Hours / 7 days/week

License Number: 090000013

NPI: 1184722779

 Website: N/A

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## E. Directorio de hospitales: hospital general de atención aguda

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### UC SAN DIEGO HEALTH - EAST JCAHO

#### CAMPUS MEDICAL CENTER

Provider ID: 685221

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (619) 287-3270

After Hours Phone: (619)  
287-3270

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 090000101

NPI: 1184722779

Website: N/A

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### UCSD LA JOLLA JOHN SALLY THORNTON

Provider ID: 170053

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-7000

After Hours Phone: (858)  
657-7000

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

Hours: 24 Hours / 7  
days/week

License Number: 090000101

NPI: 1497021265

Website: N/A

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

### UCSD MEDICAL CTR

Provider ID: 170051

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-6222

After Hours Phone: (619)  
543-6222

Accepting New Patients: No  
Min/Max Age: 0\None

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 090000101

NPI: 1184722779

Website: <https://health.ucsd.edu/locations/pages/hillcrest.aspx>

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### CARLSBAD

#### LA COSTA HOUSE

Provider ID: 662923

6433 FLAMENCO ST  
CARLSBAD, CA 92009

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)  
721-1706

Accepting New Patients: No  
NPI: 1962488007

Website: N/A  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CHULA VISTA

#### BIRCH PATRICK CONV CTR

Provider ID: 171998

751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

Phone: (619) 502-3600

Fax: (619) 502-5835

After Hours Phone: (619)  
502-3600

Accepting New Patients: No  
NPI: 1538142369

Website: [www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm)  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### SOUTH BAY POST ACUTE CARE

Provider ID: 394308

553 F ST  
CHULA VISTA, CA 91910

Phone: (619) 426-8611

Fax: (619) 240-7378

After Hours Phone: (619)  
426-8611

Accepting New Patients: No  
Hours: M-F 9AM-5:30PM  
NPI: 1376946277

Website: <http://southbaypostacute.com>

Credentials and/or  
certifications:

Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish, Filipino, Pilipino  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### CORONADO

#### VILLA CORONADO

#### CONVALESCENT

Provider ID: 172644

233 PROSPECT PL

CORONADO, CA 92118

Phone: (619) 552-3900

Fax: (619) 522-3939

After Hours Phone: (619)  
552-3900

Accepting New Patients: No  
NPI: 1184607418

Website: [www.sharp.com/hospitals/coronado/departments/long-term-care.cfm](http://www.sharp.com/hospitals/coronado/departments/long-term-care.cfm)

Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### EL CAJON

#### AVOCADO POST ACUTE

Provider ID: 171985

510 E WASHINGTON AVE  
EL CAJON, CA 92020

Phone: (619) 440-1211

Fax: (619) 956-3929

After Hours Phone: (619)  
440-1211

Accepting New Patients: No  
NPI: 1568484517

Website: [www.avacadopostacute.com](http://www.avacadopostacute.com)


Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

### COTTONWOOD CANYON HEALTHCARE CENTER

Provider ID: 171983

 1391 E MADISON AVE  
EL CAJON, CA 92021

 Phone: (619) 444-1107

Fax: (619) 444-1403

 After Hours Phone: (619) 444-1107

Accepting New Patients: No

NPI: 1013953199

 Website: <http://cottonwoodcanyonhc.com>

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N


 Accessibility: CONTACT PROVIDER

### COUNTRY HILLS HEALTH CARE CENTER

Provider ID: 416853

 1580 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 441-8745

 After Hours Phone: (619) 441-8745

Accepting New Patients: No

NPI: 1700973963

 Website: [www.countryhills.c](http://www.countryhills.c)

om  
Credentials and/or  
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
American Sign Language,  
Arabic, Korean, Spanish,  
Tagalog, Farsi, Vietnamese,  
Mandarin

Cultural Competency: N

American Sign Language (ASL):


Y

 Accessibility: CONTACT PROVIDER

### COUNTRY HILLS POST ACUTE

Provider ID: 503510

 1580 BROADWAY  
EL CAJON, CA 92021

 Phone: (619) 441-8745

Fax: (619) 441-9029

 After Hours Phone: (619) 441-8745

Accepting New Patients: No

NPI: 1063974285

 Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

### GRANITE HILLS HEALTHCARE AND WELLNESS CENTRE LLC

Provider ID: 286282

 1340 E MADISON AVE  
EL CAJON, CA 92021

 Phone: (619) 447-1020

Fax: (619) 447-1024

 After Hours Phone: (619) 447-1020

Accepting New Patients: No

NPI: 1346516937

 Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT PROVIDER

### MAGNOLIA POST ACUTE CARE

Provider ID: 380518

 635 S MAGNOLIA AVE  
EL CAJON, CA 92020

 Phone: (616) 442-8826

Fax: (619) 442-0288

 After Hours Phone: (616) 442-8826

Accepting New Patients: No

NPI: 1316340227

 Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):

N

 Accessibility: CONTACT

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)


### PROVIDER

#### PARKSIDE HEALTH AND WELLNESS CENTER

Provider ID: 349923

 444 W LEXINGTON AVE  
EL CAJON, CA 92020

 Phone: (619) 442-7744

 After Hours Phone: (619)  
442-7744


Accepting New Patients: No

NPI: 1447653340

 Website: <http://parksidehealth.net>

Credentials and/or certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER

#### SAN DIEGO POST ACUTE CENTER

Provider ID: 173508

 1201 S ORANGE AVE  
EL CAJON, CA 92020

 Phone: (619) 441-1988

Fax: (619) 441-7416

 After Hours Phone: (619)  
441-1988

Accepting New Patients: No


NPI: 1285061085

 Website: <http://sdpostacute.com>

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

#### SOMERSET SUBACUTE AND CARE

Provider ID: 348526

 151 CLAYDELLE AVE  
EL CAJON, CA 92020


 Phone: (619) 442-0245

Fax: (614) 423-3631

 After Hours Phone: (619)  
442-0245

Accepting New Patients: No

NPI: 1073916987

 Website: <http://sometersubacute.com>

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

#### VICTORIA POST ACUTE CARE

Provider ID: 387720

 654 S ANZA ST  
EL CAJON, CA 92020

 Phone: (619) 440-5005

 After Hours Phone: (619)  
440-5005


Accepting New Patients: No  
NPI: 1326441239

 Website: <http://victoriapostacute.com>

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

#### VICTORIA POST ACUTE CARE

Provider ID: 387720

 654 S ANZA ST  
EL CAJON, CA 92020

 Phone: (619) 440-5005

 After Hours Phone: (619)  
440-5005

Accepting New Patients: No

NPI: 1326441239

 Website: [www.VICTORIAPOSTACUTE.com](http://www.VICTORIAPOSTACUTE.com)

Credentials and/or certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


#### VILLA LAS PALMAS HEALTHCARE CTR

Provider ID: 172020


 622 S ANZA ST

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)


EL CAJON, CA 92020  
 Phone: (619) 442-0544  
 After Hours Phone: (619) 442-0544

Accepting New Patients: No  
 NPI: 1023048295

 Website: <http://villalaspalmascares.com>  
 Credentials and/or certifications:

 Site English Spoken: Y  
 Cultural Competency: N




American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


### ENCINITAS



#### AVIARA HEALTHCARE CENTER

Provider ID: 171995

 944 REGAL RD  
 ENCINITAS, CA 92024  
 Phone: (760) 944-0331  
 After Hours Phone: (760) 944-0331

Accepting New Patients: No  
 NPI: 1518146620

 Website: <http://aviarahealthcare.com>  
 Credentials and/or certifications:



 Site English Spoken: Y  
 Site Languages(s) Spoken: Tagalog, Spanish  
 Cultural Competency: N

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


#### ENCINITAS NURSING AND REHAB CTR

Provider ID: 171977



 900 SANTA FE DR  
 ENCINITAS, CA 92024  
 Phone: (760) 753-6423  
 Fax: (760) 753-4979

 After Hours Phone: (760) 753-6423

Accepting New Patients: No  
 Hours: M-F 8AM-5PM  
 NPI: 1265415749

 Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or certifications:



 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: N

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


#### THE DORTHY AND JOSEPH GOLDBERG HEALTHCARE CENTER


Provider ID: 172000

 211 SAXONY RD  
 ENCINITAS, CA 92024  
 Phone: (760) 632-0081  
 Fax: (760) 516-2016

 After Hours Phone: (760) 632-0081

Accepting New Patients: No  
 Hours: M-F 7AM-4PM  
 NPI: 1659482032

 Website: N/A  
 Credentials and/or certifications:


 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

### ESCONDIDO

#### ESCONDIDO CARE CENTER

Provider ID: 172027



 421 E MISSION AVE  
 ESCONDIDO, CA 92025  
 Phone: (760) 747-0430  
 Fax: (760) 747-0569

 After Hours Phone: (760) 747-0430

Accepting New Patients: No  
 Hours: M-F 8AM-4:30PM  
 NPI: 1588660765

 Website: <http://escondidopostacute.com>

Credentials and/or certifications:

 Site English Spoken: Y  
 Site Languages(s) Spoken: Tagalog, Spanish  
 Cultural Competency: N

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### LIFE CARE CENTER OF ESCONDIDO

Provider ID: 172010

1980 FELICITA RD  
ESCONDIDO, CA 92025

Phone: (760) 741-6109

After Hours Phone: (760) 741-6109

Accepting New Patients: No

NPI: 1386681286

Website: <http://lifecarecenterofescondido.com>

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PALOMAR HEIGHTS CARE CTR

Provider ID: 170055

1260 E OHIO AVE  
ESCONDIDO, CA 92027

Phone: (760) 746-1100

After Hours Phone: (760) 746-1100

Accepting New Patients: No

NPI: 1255337440

Website: <http://palomarheightsrehab.com>

Credentials and/or certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### PALOMAR VISTA HEALTHCARE CTR

Provider ID: 171988

201 N FIG ST  
ESCONDIDO, CA 92025

Phone: (760) 746-0303

Fax: (760) 738-1749

After Hours Phone: (760) 746-0303

Accepting New Patients: No

NPI: 1861491490

Website: <http://palomarvista.com>

Credentials and/or certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### VALLE VISTA POST ACUTE

Provider ID: 171968

1025 W 2ND AVE  
ESCONDIDO, CA 92025

Phone: (760) 745-1842

Fax: (760) 745-4346

After Hours Phone: (760) 745-1842

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1659369262

Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

### FALLBROOK

#### FALLBROOK SKILLED NURSING

Provider ID: 298744

325 POTTER ST  
FALLBROOK, CA 92028

Phone: (760) 728-2330

Fax: (909) 863-4644

After Hours Phone: (760) 728-2330

Accepting New Patients: No

Hours: M-F 8AM-5PM

NPI: 1265823264

Website: [www.progressivecarecenters.com](http://www.progressivecarecenters.com)

Credentials and/or certifications:

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### VIA RIO HOUSE

Provider ID: 662930

1262 VIA ENCINOS DR  
FALLBROOK, CA 92028

Phone: (760) 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](http://www.covenantcare.com)

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken: ,  
Spanish

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### THE COVE AT LA JOLLA

Provider ID: 305514

7160 FAY AVE  
LA JOLLA, CA 92037

Phone: (858) 459-4361

After Hours Phone: (858)  
459-4361

Accepting New Patients: No

Hours: M-F 7:30AM-4PM

NPI: 1588067482

Website: <http://thecoveatljolla.com>

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### LA MESA

### ARBOR HILLS NURSING CENTER

Provider ID: 172007

7800 PARKWAY DR  
LA MESA, CA 91942

Phone: (619) 460-2330

After Hours Phone: (619)  
460-2330

Accepting New Patients: No

NPI: 1356345706

Website: [www.lifegen.net/arborhills/](http://www.lifegen.net/arborhills/)

Credentials and/or

certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Tagalog, Spanish, Russian

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### COUNTRY MANOR LA MESA HEALTHCARE CENTER

Provider ID: 172023

5696 LAKE MURRAY BLVD  
LA MESA, CA 91942

Phone: (619) 460-7871

After Hours Phone: (619)  
460-7871

Accepting New Patients: No

NPI: 1457345001

Website: [countrymanorlamesa.com](http://countrymanorlamesa.com)

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER


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## F. Atención a largo plazo (LTC) y centros de enfermería especializada (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](http://www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm)

Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### GROSSMONT POST ACUTE CARE

Provider ID: 310488


 8787 CENTER DR  
LA MESA, CA 91942

 Phone: (619) 460-4444

Fax: (619) 713-5116

 After Hours Phone: (619)  
460-4444

Accepting New Patients: No  
NPI: 1689077588

 Website: <http://grossmontpostacute.com>  
Credentials and/or

certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### HILLDALE HABILITATION CENTER

Provider ID: 527671

 7979 LA MESA BLVD  
LA MESA, CA 91942

 Phone: (619) 465-8010

Fax: (619) 465-8348

 After Hours Phone: (619)  
465-8010

Accepting New Patients: No

 Hours: M-F 8AM-5PM

NPI: 1073736427

 Website: N/A

Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

### LA MESA HEALTHCARE 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### LEMON GROVE

#### BELLA VISTA HEALTH CENTER

Provider ID: 419062

7922 PALM ST  
LEMON GROVE, CA 91945

Phone: (619) 644-1000

Fax: (619) 797-2920

After Hours Phone: (619)  
644-1000

Accepting New Patients: No  
NPI: 1760709687

Website: [www.bellavistahealth.com](http://www.bellavistahealth.com)

Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### LEMON GROVE CARE AND REHAB CTR

Provider ID: 172013

8351 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 463-0294

Fax: (619) 461-1064

After Hours Phone: (619)  
463-0294

Accepting New Patients: No  
NPI: 1336134204

Website: <http://lemongrovecare.com>

Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### NATIONAL CITY

#### CASTLE MANOR NURSING AND REHABILITATION CTR

Provider ID: 171978

541 S V AVE  
NATIONAL CITY, CA 91950

Phone: (619) 791-7900

After Hours Phone: (619)  
791-7900

Accepting New Patients: No

NPI: 1497759856

Website: [www.lifegen.net/castlemanor/index.html](http://www.lifegen.net/castlemanor/index.html)

Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### FRIENDSHIP MANOR NURSING AND REHABILITATION CTR

Provider ID: 171973

902 EUCLID AVE  
NATIONAL CITY, CA 91950

Phone: (619) 791-7700

Fax: (619) 791-7791

After Hours Phone: (619)  
791-7700

Accepting New Patients: No

Hours: M-F 9AM-5PM

NPI: 1235133687

Website: [www.lifegen.net/friendshipmanor/](http://www.lifegen.net/friendshipmanor/)  
Credentials and/or

certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

#### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### CTR OF SAN DIEGO

Provider ID: 172011

220 E 24TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 474-6741

Fax: (619) 474-1925

After Hours Phone: (619)  
474-6741

Accepting New Patients: No  
NPI: 1730176538

Website: [www.windsorcare.com](http://www.windsorcare.com)

Credentials and/or  
certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### OCEANSIDE

#### 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](http://WWW.LAPALOM)

[AHEALTHCARE.COM](http://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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

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://bouldercrekpa.com>

Credentials and/or  
certifications:

📄 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### POWAY HEALTHCARE CENTER

Provider ID: 171989

📍 15632 POMERADO RD  
POWAY, CA 92064

☎ Phone: (858) 485-5153  
Fax: (858) 485-7694

☎ After Hours Phone: (858) 485-5153

Accepting New Patients: No  
NPI: 1407035512

🌐 Website: <http://powaycare.com>

Credentials and/or  
certifications:

📄 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### THE VILLAS AT POWAY

Provider ID: 172642

📍 15615 POMERADO RD  
POWAY, CA 92064

☎ Phone: (858) 613-4545  
☎ After Hours Phone: (858) 613-4545

Accepting New Patients: No  
NPI: 1619947090

🌐 Website: [www.palomarhealth.org/skilled-nursing/villa-pomerado](http://www.palomarhealth.org/skilled-nursing/villa-pomerado)

Credentials and/or  
certifications:

📄 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### SAN DIEGO

#### ACCESS TO INDEPENDENCE

Provider ID: 417267

📍 8885 RIO SAN DIEGO DR  
STE 131  
SAN DIEGO, CA 92108

☎ Phone: (619) 293-3500  
Fax: (619) 704-2054

☎ After Hours Phone: (619) 293-3500

Accepting New Patients: No

🕒 Hours: M-F 8AM-5PM  
NPI: 1083039861

🌐 Website: N/A  
Credentials and/or  
certifications:

📄 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### ARROYO VISTA NURSING CTR

Provider ID: 172028

📍 3022 45TH ST  
SAN DIEGO, CA 92105


☎ Phone: (619) 283-5855  
Fax: (619) 284-6327


☎ After Hours Phone: (619) 283-5855

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

 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](http://www.jacobhealthcare.com)  
Credentials and/or  
certifications:

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Tagalog, Spanish  
Cultural Competency: N

American Sign Language (ASL): 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://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](http://www.rchsd.org)  
Credentials and/or  
certifications:

Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


### REO VISTA HEALTHCARE CTR

Provider ID: 171993

 6061 BANBURY ST  
SAN DIEGO, CA 92139  
 Phone: (619) 475-2211  
Fax: (619) 479-9126

 After Hours Phone: (619)  
475-2211

Accepting New Patients: No  
NPI: 1255499174

 Website: <http://reovista.com>

Credentials and/or  
certifications:

Site English Spoken: Y  
 Site Languages(s) Spoken:  
Tagalog, Spanish  
Cultural Competency: N

American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER

### ST PAULS HEALTH CARE CENTER


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

Provider ID: 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 Language(s) Spoken:  
Tagalog, Mandarin,



Russian, Vietnamese, Farsi,  
Spanish

Cultural Competency: N  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### VILLA RANCHO BERNARDO CARE CENTER

Provider ID: 172009


 15720 BERNARDO CENTER  
DR  
SAN DIEGO, CA 92127  
 Phone: (858) 672-3900  
Fax: (858) 672-9247


 After Hours Phone: (858)  
672-3900

Accepting New Patients: No  
NPI: 1518063437

 Website: [www.villaranchobernardo.com](http://www.villaranchobernardo.com)



Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL

Provider ID: 172012

 1201 34TH ST  
SAN DIEGO, CA 92102  
 Phone: (619) 232-2946  
Fax: (310) 595-3529

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

☎ *After Hours Phone: (619) 232-2946*

*Accepting New Patients: No  
NPI: 1811963028*

🌐 *Website: <https://windsorgoIdenhill.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/Sstanfordcourt/)*

*Credentials and/or certifications:*

☐ *Site English Spoken: Y*

☐ *Site Languages(s) Spoken: Tagalog, Spanish*

*Cultural Competency: N*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

### SPRING VALLEY

#### AMAYA SPRINGS HEALTH CARE CENTER

*Provider ID: 420233*

📍 *8625 LAMAR ST  
SPRING VALLEY, CA 91977*

☎ *Phone: (323) 326-6186*

*Fax: (619) 461-3575*

☎ *After Hours Phone: (323) 326-6186*

*Accepting New Patients: No  
NPI: 1518974542*

🌐 *Website: N/A  
Credentials and/or certifications:*

☐ *Site English Spoken: Y  
Cultural Competency: N*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

#### BRIGHTON PLACE SPRING VALLEY

*Provider ID: 417094*

📍 *9009 CAMPO RD  
SPRING VALLEY, CA 91977*

☎ *Phone: (619) 460-2711*

☎ *After Hours Phone: (619) 460-2711*

*Accepting New Patients: No  
NPI: 1780682021*

🌐 *Website: N/A  
Credentials and/or certifications:*

☐ *Site English Spoken: Y  
Cultural Competency: N*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*


#### MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC

*Provider ID: 171969*

📍 *325 KEMPTON ST  
SPRING VALLEY, CA 91977*


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

 Phone: (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: [covivingmountmigu.org](http://covivingmountmigu.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.mountmiguellcovenantvillage.org](http://www.mountmiguellcovenantvillage.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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

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](http://www.lcca.com)  
Credentials and/or  
certifications:

 Site English Spoken: Y

 Site Language(s) Spoken:  
Tagalog

Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### MARSHALL HOUSE


Provider ID: 662924

 758 S MELROSE DR  
VISTA, CA 92081

 Phone: (760) 721-1706  
Fax: (760) 721-9872

 After Hours Phone: (760)  
721-1706

Accepting New Patients: No  
NPI: 1962488007

 Website: N/A  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

### MONTGOMERY HOUSE


Provider ID: 662927

 1658 MONTGOMERY DR  
VISTA, CA 92084

 Phone: (760) 721-1706  
Fax: (760) 721-9872

 After Hours Phone: (760)  
721-1706

Accepting New Patients: No  
NPI: 1962488007

 Website: N/A  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

### 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## F. Atención a largo plazo (LTC) y centros de enfermería especializada (SNF)

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 *After Hours Phone: (760)  
630-2273*

*Accepting New Patients: No*

 *Hours: SU-SA 8:30AM-5PM  
NPI: 1275533929*

 *Website: <http://vistaknoll.com>*

*Credentials and/or  
certifications:*

*Site English Spoken: Y*

*Site Languages(s) Spoken:  
Korean, Tagalog,  
Vietnamese, Spanish*

*Cultural Competency: N*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## G. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

### CHULA VISTA

#### OPEN ARMS ADHC

Provider ID: 417307

301 E J ST  
CHULA VISTA, CA 91910

Phone: (619) 420-1404

Fax: (619) 420-1408

After Hours Phone: (619) 420-1404

Accepting New Patients: No

Hours: M-F 7AM-3PM

License Number: 060002076

NPI: 1598882169

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N

If Facility has completed cultural competence training: N

Facility has access to skilled medical interpreters on site?: N  
Interpreter Non-English Languages: N

Website: <http://openarmsadhc.com>

### EL CAJON

#### EL CAJON ADHC

Provider ID: 637126

854 JACKMAN ST  
EL CAJON, CA 92020

Phone: (619) 328-2112

Fax: (619) 328-0069

After Hours Phone: (619) 328-2112

Accepting New Patients: No

Hours: SU-SA 9AM-3PM

License Number: 550008511

NPI: 1184207631

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: N

If Facility has completed cultural competence training: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: N

Website: N/A

#### MAGNOLIA ADULT DAY HEALTH CARE

Provider ID: 408541

490 N MAGNOLIA AVE  
EL CAJON, CA 92020

Phone: (619) 444-1522

Fax: (619) 444-1516

After Hours Phone: (619) 444-1522

Accepting New Patients: No

Hours: M-F 8AM-4PM

License Number: 60000821

NPI: 1487864468

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): Facility has access to skilled

N

Language line interpreter services: N

If Facility has completed cultural competence training: N

N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: N

Website: <http://magnoliaadhc.com>

Website: <http://magnoliaadhc.com>

#### WESTERN ADHC

Provider ID: 417305

240 S MAGNOLIA AVE  
EL CAJON, CA 92020

Phone: (619) 631-7222

Fax: (619) 631-9228

After Hours Phone: (619) 631-7222

Accepting New Patients: No

Site Languages(s) Spoken: Spanish, Arabic, Tagalog, Farsi

Hours: M-F 7AM-3:30PM

NPI: 1821125550

Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N

Language line interpreter services: Y

If Facility has completed cultural competence training: N

N

Facility has access to skilled

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## G. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

medical interpreters on site?: N  
 Interpreter Non-English  
 Languages: Y  
 Website: <https://westernadhc.wordpress.com/>

### LA MESA

#### GOLDEN LIFE ADHC

Provider ID: 619502  
 9158 FLETCHER PKWY  
 LA MESA, CA 91942  
 Phone: (619) 357-7753  
 Fax: (619) 439-6038  
 After Hours Phone: (619) 357-7753  
 Accepting New Patients: No  
 NPI: 1093921900  
 Accessibility: CONTACT PROVIDER  
 American Sign Language (ASL): N  
 Language line interpreter services: N  
 If Facility has completed cultural competence training: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English  
 Languages: N  
 Website: N/A

### NATIONAL CITY

#### HORIZON CBAS

Provider ID: 642082  
 1035 HARBISON AVE

NATIONAL CITY, CA 91950  
 Phone: (619) 474-1822  
 Fax: (619) 474-1826  
 After Hours Phone: (619) 474-1822

Accepting New Patients: No  
 Site Languages(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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## G. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English  
 Languages: N  
 Website: [www.casa-pacific.com](http://www.casa-pacific.com)

### LOVING CARE ADHC

Provider ID: 419961  
 2565 CAMINO DEL RIO S STE 201  
 SAN DIEGO, CA 92108  
 Phone: (619) 718-9777  
 Fax: (619) 569-2855  
 After Hours Phone: (619) 718-9777  
 Accepting New Patients: No  
 Hours: SU-SA 8:30AM-4PM  
 NPI: 1346455961  
 Accessibility: CONTACT PROVIDER  
 American Sign Language (ASL): N  
 Language line interpreter services: N  
 If Facility has completed cultural competence training: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English  
 Languages: N  
 Website: [www.lovingcareadhc.com](http://www.lovingcareadhc.com)

### SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE

Provider ID: 539018  
 4428 CONVOY ST STE 288  
 SAN DIEGO, CA 92111  
 Phone: (858) 244-4555  
 Fax: (858) 724-3302  
 After Hours Phone: (858) 244-4555  
 Accepting New Patients: No  
 Site Language(s) Spoken: Vietnamese, Mandarin, Spanish  
 Hours: M-F 8AM-5PM  
 License Number: 550005837  
 NPI: 1396201828  
 Accessibility: CONTACT PROVIDER  
 American Sign Language (ASL): N  
 Language line interpreter services: Y  
 If Facility has completed cultural competence training: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English  
 Languages: Y  
 Website: [Sandiegofamilycircle.com](http://Sandiegofamilycircle.com)

### 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](http://www.americareadhc.com)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## H. Servicios de apoyo en el hogar (IHSS) del condado


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### SAN DIEGO

#### AGING & INDEPENDENCE SERVICES

*Specialty: Case Management*

 5560 OVERLAND AVE  
SAN DIEGO, CA 92123

 Phone: (858) 495-5885


License Number: 1710308986

Accessibility: CONTACT

#### PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome\\_supportive\\_services.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

## ALPINE

### KHALEEL, AMMAR

Provider Gender: Male

License Number: LCS110302

NPI: 1841744208


Provider English Spoken: Y

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 Language(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 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

## 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental

restriction

American Sign Language (ASL): Provider Gender: Female

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

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# I. Directorio de salud mental

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


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# I. Directorio de salud mental

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

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# I. Directorio de salud mental

*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*

*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*

*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*

*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,*

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# I. Directorio de salud mental

*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

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# I. Directorio de salud mental


Site English Spoken: Y


TDD: U

Min/Max Age: 18\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-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

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# I. Directorio de salud mental

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## 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)



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# I. Directorio de salud mental







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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental


Accepting New Patients: Yes  
Site English 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)

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# I. Directorio de salud mental






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


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# I. Directorio de salud mental


 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

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# I. Directorio de salud mental


Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## 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

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# I. Directorio de salud mental

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 12\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): KENYADA M WAGONER

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 Language(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

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# I. Directorio de salud mental

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**


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# I. Directorio de salud mental

*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

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# I. Directorio de salud mental



LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
Accepting New Patients: Yes  
Site English 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



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# I. Directorio de salud mental

Accepting New Patients: Yes N  
Site English 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

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# I. Directorio de salud mental


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## 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

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# I. Directorio de salud mental

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## 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

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 826-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
826-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## MOORE, SHAVON

Provider Gender: Female

License Number: A152789

NPI: 1053682773


Provider English Spoken: Y

Cultural Competency: N

SHAVON C MOORE

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## NGUYEN, HOANG

Provider Gender: Male

License Number: G83977

NPI: 1720011620


Provider English Spoken: Y


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

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# I. Directorio de salud mental

*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8AM-5PM*

## **NGUYEN, JULIA**

*Provider Gender: Female*  
*License Number: A193351*  
*NPI: 1881155232*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
JULIA K NGUYEN

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*



*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

## **NGUYEN, HOANG**

*Provider Gender: Male*  
*License Number: G83977*

*NPI: 1720011620*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
HOANG A NGUYEN



 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 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*

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# I. Directorio de salud mental

*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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

## **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


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# I. Directorio de salud mental


 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 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

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# I. Directorio de salud mental


 *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): 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




# I. Directorio de salud mental

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental




Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Hours: M 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


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# I. Directorio de salud mental





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

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# I. Directorio de salud mental


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):

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# I. Directorio de salud mental

- N*  
 *Accessibility: CONTACT PROVIDER*
- KRAPES, MICHAEL**  
*Provider Gender: Male*  
*License Number: PSY25077*  
*NPI: 1215233028*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
MICHAEL B KRAPES  
 2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*
- MONTEZ, REBECCA**  
*Provider Gender: Female*  
*License Number: LCS26869*  
*NPI: 1396047809*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
REBECCA MONTEZ  
 2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6744*  
 *After Hours Phone: (760) 736-6767*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 18\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*
- NEVILLE, MARGARET**  
*Provider Gender: Female*  
*License Number: LCS82407*  
*NPI: 1073682407*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
MARGARET R NEVILLE  
 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*
- NEVILLE, MARGARET**  
*Provider Gender: Female*  
*License Number: LCS82407*  
*NPI: 1073682407*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
MARGARET R NEVILLE  
 818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
 *Website: N/A*  
*Accepting New Patients: Yes*  
*Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*
- NEVILLE, MARGARET**  
*Provider Gender: Female*  
*License Number: LCS82407*

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# I. Directorio de salud mental

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

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


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# I. Directorio de salud mental

*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* N

*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):*

 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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental


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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






Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental

 After Hours Phone: (760) 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  
 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


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# I. Directorio de salud mental


*Cultural Competency: N*

TRACY S ARONLEE

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 2\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **ARONLEE, TRACY**

Provider Gender: Female

License Number: LCS83778


NPI: 1619304748

Provider English Spoken: Y

Cultural Competency: N

TRACY S ARONLEE

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 2\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **BANKS, SARAH**

Provider Gender: Female

License Number: PSY30296

NPI: 1164701132

Provider English Spoken: Y


Cultural Competency: N

SARAH J BANKS

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

## **BANKS, SARAH**

Provider Gender: Female

License Number: PSY30296

NPI: 1164701132


Provider English Spoken: Y

Cultural Competency: N

SARAH J BANKS

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F 8AM-5PM

## **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

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

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# I. Directorio de salud mental

Site English Spoken: Y

TDD: U


Min/Max Age: 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

 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

## 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

## 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

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# I. Directorio de salud mental

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

*Provider English Spoken: Y*

*Cultural Competency: N*


**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

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# I. Directorio de salud mental


 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  
SAN DIEGO, CA 92126

 Phone: (844) 200-2426  
 Fax: (858) 578-4417

 After Hours Phone: (844) 200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM

## **CIOBANU, COSMINA**

Provider Gender: Female

License Number: A137628


NPI: 1285049932

Provider English Spoken: Y


Cultural Competency: N

COSMINA S CIOBANU

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\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:








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# I. Directorio de salud mental








Spanish  
TDD: U  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

## 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

Fax: (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): DOUGLAS R DOLNAK

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): KATIE L DOSS

N

 Accessibility: CONTACT PROVIDER

## **DOLNAK, DOUGLAS**

Provider Gender: Male

License Number: 20A6059


NPI: 1316147085

Provider English Spoken: Y

Cultural Competency: N

DOUGLAS R DOLNAK

 10737 CAMINO RUIZ  
SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (619) 474-4008

 After Hours Phone: (844) 200-2426

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-6PM

## **DOSS, KATIE**

Provider Gender: Female

License Number: LCS112693


NPI: 1134825979

Provider English Spoken: Y


Cultural Competency: N

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

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# I. Directorio de salud mental


 *Site Languages(s) Spoken:* Spanish


*TDD:* U

*Min/Max Age:* 0\None

*Gender Restriction:* No Gender restriction

*American Sign Language (ASL):* N

 *Accessibility:* CONTACT PROVIDER

 *Hours:* M-F 8AM-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

 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

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# I. Directorio de salud mental

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8AM-5PM

## ESTAVILLO, SAUL

Provider Gender: Male

License Number: MFC102610

NPI: 1528330073

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

SAUL J ESTAVILLO

3045 BEYER BLVD STE D101  
SAN DIEGO, CA 92154

Phone: (619) 662-4161

Fax: (619) 662-4109

After Hours Phone: (619) 662-4161

Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT 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):

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# I. Directorio de salud mental

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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

License Number: 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: 143775863

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:

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental

*Spanish*


*Cultural Competency: N*


**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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 Phone: (800) 926-8273  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental

*Min/Max Age: 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*

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*

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*

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):*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental


N

 *Accessibility: CONTACT PROVIDER*

## **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

## **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

NPI: 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


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental


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

 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

 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

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* N

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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


# I. Directorio de salud mental

 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


**MIRON, JEAN-PHILIPPE**  
Provider Gender: Male  
License Number: A186033  
NPI: 1952178196  
Provider English Spoken: Y  
Cultural Competency: N

 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

 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): 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:

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

 *Accessibility: CONTACT PROVIDER*


## **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*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

License Number: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

SAN DIEGO, CA 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

*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

 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

## **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

## **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## 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


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# I. Directorio de salud mental

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

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

 Phone: (858) 246-1979

 After Hours Phone: (858)  
246-1979

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## SCHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313

NPI: 1710234273

Provider English Spoken: Y


Cultural Competency: N

KRISTON B SCHELLINGER

 9333 GENESEE AVE STE  
200

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Yes

Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

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# I. Directorio de salud mental


## SCHELLINGER, KRISTON


Provider Gender: Female  
License Number: PSY26313  
NPI: 1710234273  
Provider English Spoken: Y  
Cultural Competency: N

KRISTON B SCHELLINGER

 330 LEWIS ST

SAN DIEGO, CA 92103

 Phone: (858) 246-1979

 After Hours Phone: (858) 246-1979

 Website: N/A

Accepting New Patients: Yes


Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


## SCHLOSSER, TARA


Provider Gender: Female  
License Number: MFC107868  
NPI: 1407220437  
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

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# I. Directorio de salud mental

 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): Provider English Spoken: Y  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM

## SILVEY, CHRISTOPHER


Provider Gender: Male  
License Number: LCS85942  
NPI: 1932793502

Provider English Spoken: Y

Cultural Competency: N  
CHRISTOPHER J SILVEY

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 Phone: (858) 578-4220

Fax: (858) 578-4417

 After Hours Phone: (858) 578-4220

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y


TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM


## SUAREZ, ROBERTO

Provider Gender: Male  
License Number: MFC25098  
NPI: 1386785160


Provider Language(s) Spoken: Spanish

Cultural Competency: N  
ROBERTO SUAREZ

 3025 BEYER BLVD  
SAN DIEGO, CA 92154

 Phone: (619) 662-4100

Fax: (619) 662-4119

 After Hours Phone: (619) 662-4100

 Website: N/A

Accepting New Patients: Yes  
Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


## SUTHERLAND, PAIGE

Provider Gender: Female  
License Number: A178168  
NPI: 1235767245


Provider English Spoken: Y  
Cultural Competency: N

PAIGE A SUTHERLAND

 6645 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

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# I. Directorio de salud mental

Accepting New Patients: Yes

Site English Spoken: Y

TDD: U

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

## 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):

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# I. Directorio de salud mental

- 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**  
 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*  
*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**  
 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*
- Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 5\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*








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# I. Directorio de salud mental

## **TROYER, EMILY**

*Provider Gender: Female*  
*License Number: A149101*  
*NPI: 1326484437*  
*Provider English Spoken: Y*  
*Cultural Competency: N*


### EMILY A TROYER

 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*

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# I. Directorio de salud mental

**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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-TU 9AM-7PM  
W-F 9AM-6PM*

## ZIMMERMAN, JENNIFER

*Provider Gender: Female*

*License Number: LCS28729*


*NPI: 1811449077*

*Provider English Spoken: Y*

*Cultural Competency: N*

JENNIFER A ZIMMERMAN

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 *Phone: (858) 279-9676*


*Fax: (858) 633-4680*

 *After Hours Phone: (858)  
279-9676*

 *Website: N/A*

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 *Site Language(s) Spoken:  
Spanish*


*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

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 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*

## 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 Language(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 Language(s) Spoken:  
Spanish*

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# I. Directorio de salud mental


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

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# I. Directorio de salud mental

*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 A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767

 Website: N/A

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 Site Languages(s) Spoken: Spanish

*TDD: U*

*Min/Max Age: 18\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*



*Hours: M-F 8AM-5PM*

## **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 A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

 Website: N/A

*Accepting New Patients: Yes*

*Site English Spoken: Y*

*TDD: U*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*


*Hours: M-F 8AM-8PM  
SA 8AM-5PM*

## **RIVADENEYRA, KELLY**

*Provider Gender: Female  
License Number: LCS122911  
NPI: 1790242469  
Provider English Spoken: Y  
Cultural Competency: N*

**KELLY RIVADENEYRA**

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767


Fax: (760) 736-8740

 After Hours Phone: (760) 736-6767

 Website: N/A

*Accepting New Patients: Yes*

*Site English Spoken: Y*

 Site Languages(s) Spoken: Spanish

*TDD: U*

*Min/Max Age: 18\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

*Accessibility: CONTACT PROVIDER*

*Hours: M-F 8AM-5PM*

## **TONG, GARRICK**

*Provider Gender: Male  
License Number: A102192  
NPI: 1831361278*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: Cantonese*

*Cultural Competency: N*

**GARRICK G TONG**

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767





Fax: (760) 736-6744

 After Hours Phone: (760) 736-6767

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# I. Directorio de salud mental

 Website: N/A  
Accepting New Patients: Yes  
Site English Spoken: Y  
 Site Languages(s) Spoken:  
Spanish  
TDD: U  
Min/Max Age: 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

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# I. Directorio de salud mental

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

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# I. Directorio de salud mental

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

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# I. Directorio de salud mental

## 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.





# I. Directorio de salud mental

## VISTA

### 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 Language(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 Language(s) Spoken: Chinese, Farsi, Estonian, Vietnamese, Hindi, Tagalog, French, Korean, Marathi, Spanish, Telugu*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

TDD: U


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8AM-5PM 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




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental





 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

## PROVIDER

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



# I. Directorio de salud mental


 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

# I. Directorio de salud mental

American Sign Language (ASL): 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### ALPINE

#### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s) Spoken:

Spanish, Vietnamese

Cultural Competency: Y

#### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

#### BAUMANN, DANIELA, OD

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

#### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

#### BINDER, NICHOLAS, MD

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

#### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

#### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

#### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL): TU 10AM-6PM

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619) 445-2687

Accepting New Patients: Yes


 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM

W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485


NPI: 1013605526

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619) 445-2687

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM

TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438


Provider English Spoken: Y

Provider Language(s) Spoken: Arabic


Cultural Competency: Y

ACUITY EYE GROUP

 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

 Phone: (619) 445-2687

Fax: (619) 445-0801

 After Hours Phone: (619) 445-2687

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### KATZMAN, BARRY, MD

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

Provider Language(s) Spoken:  
Arabic

Cultural Competency: Y

### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### MARYOUNG, ALLISON, OD

Provider Gender: Female

License Number: 35512

NPI: 1083309124

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male

License Number: A155228

NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Provider Language(s) Spoken:

Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9AM-5PM

TU 10AM-6PM

W 9AM-5PM

TH 8AM-5PM

F 9AM-4PM

### **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)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

### PRABHU, SUJATA, MD

Provider Gender: Female  
 License Number: A115965  
 NPI: 1982872552  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender

restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

### TO, BRITTANY, OD

Provider Gender: Female  
 License Number: 10651  
 NPI: 1306997143  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

### TON-NU, MY LINH, OD

Provider Gender: Female  
 License Number: 34990  
 NPI: 1245733476  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9AM-5PM  
 TU 10AM-6PM  
 W 9AM-5PM  
 TH 8AM-5PM  
 F 9AM-4PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619) 445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

### ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619) 445-2687

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 9AM-5PM  
TU 10AM-6PM  
W 9AM-5PM  
TH 8AM-5PM  
F 9AM-4PM

## BONITA

### CHA, DANIEL, OD

Provider Gender: Male

License Number: 14779

NPI: 1386078020

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

### EYECARE OF BONITA

4502 BONITA RD  
BONITA, CA 91902

Phone: (619) 479-7334

Fax: (619) 475-3456

After Hours Phone: (619) 479-7334

Accepting New Patients: Yes

Site English Spoken: Y

Site 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-6:30PM  
W 8AM-6PM  
TH 8AM-1PM  
F 8AM-6PM  
SA 9AM-2PM

## CARLSBAD

### HO, TRAM, OD

Provider Gender: Female

License Number: 13485

NPI: 1245464460

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: Y

### EYE STYLE OPTOMETRY

5814 VAN ALLEN WAY STE  
146

CARLSBAD, CA 92008

Phone: (760) 606-2020

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

☎ *After Hours Phone: (760) 606-2020*

*Accepting New Patients: Yes*

☐ *Site English Spoken: Y*

☐ *Site 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*

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

1/2 mile from Site): 1T

 Hours: M 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







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## J. Directorio de proveedores de la vista: servicios oculares y de la vista



 557 H ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 422-0139  
 Fax: (619) 422-0066  
 After Hours Phone: (619) 422-0139  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site 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 Language(s) Spoken: Hindi, Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: SU 10AM-4PM  
 M-F 9AM-7PM  
 SA 9AM-5PM

### KIM, JENNY, OD

Provider Gender: Female  
 License Number: 35831  
 NPI: 1497588362  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Korean  
 Cultural Competency: Y  
 OTAY RANCH EYEWORKS  
 OPTOMETRY  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915  
 Phone: (619) 421-6600  
 Fax: (619) 421-6006  
 After Hours Phone: (619) 421-6600

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: SU 10AM-4PM  
M-F 9AM-7PM  
SA 9AM-5PM

### KING, MARY, OD

Provider Gender: Female

License Number: 13711

NPI: 1578792107

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

OTAY RANCH EYEWORKS OPTOMETRY

1741 EASTLAKE PKWY STE 101

CHULA VISTA, CA 91915

Phone: (619) 421-6600

Fax: (619) 421-6006

After Hours Phone: (619) 421-6600

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:

Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: SU 10AM-4PM  
M-F 9AM-7PM  
SA 9AM-5PM

### MASCARENO, EFRAIN, OD

Provider Gender: Male

License Number: 10906

NPI: 1457507279

Provider English Spoken: Y

Cultural Competency: Y

CLEAR VISION OPTOMETRY DR MASCARENO

440 4TH AVE

CHULA VISTA, CA 91910

Phone: (619) 427-2020

Fax: (866) 254-5707

After Hours Phone: (619) 427-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TH 9AM-6PM  
F 9AM-5PM

### NGUYEN, THERESA, OD

Provider Gender: Female

License Number: 35530TLG

NPI: 1609555713

Provider English Spoken: Y

Cultural Competency: Y

OTAY RANCH EYEWORKS OPTOMETRY

1741 EASTLAKE PKWY STE 101

CHULA VISTA, CA 91915

Phone: (619) 421-6600

Fax: (619) 421-6006

After Hours Phone: (619) 421-6600

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Hindi, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: SU 10AM-4PM  
M-F 9AM-7PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

SA 9AM-5PM

### NGUYEN, TRACY, OD

Provider Gender: Female

License Number: 10859

NPI: 1265596621

Provider English Spoken: Y

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: Y

ESSENTIAL EYECARE

OPTOMETRY

345 F ST STE 240

CHULA VISTA, CA 91910

Phone: (858) 467-0655

Fax: (619) 425-9797

After Hours Phone: (858) 467-0655

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TH 10AM-3PM

### OSSAREH, DIBA, OD

Provider Gender: Female

License Number: 35830

NPI: 1235816067

Provider English Spoken: Y

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 271-7044

After Hours Phone: (619) 422-1471

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: French, Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 8AM-5PM  
TU 7AM-5PM  
W-F 8AM-5PM

### PHAM, NINA, OD

Provider Gender: Female

License Number: 35360

NPI: 1598403867

Provider English Spoken: Y

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 271-7044

After Hours Phone: (619) 422-1471

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: French, Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 8AM-5PM  
TU 7AM-5PM  
W-F 8AM-5PM

### PLUCINIK, STANLEY, OD

Provider Gender: Male

License Number: 35255

NPI: 1124751417

Provider English Spoken: Y

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

342 F ST

CHULA VISTA, CA 91910

Phone: (619) 422-1471

Fax: (619) 271-7044

















After Hours Phone: (619) 422-1471

Accepting New Patients: Yes

Site English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

<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><b>SCOVILL, ALEXANDRA, OD</b>  <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  <b>CASTILLEJOS EYE INSTITUTE MED GROUP</b>   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 restriction</p>	<p><b>SOLIS, KEVIN, OD</b>  <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  <b>OTAY RANCH EYEWORKS OPTOMETRY</b>   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><b>TOUBIA, ELIAS, OD</b>  <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  <b>OTAY RANCH EYEWORKS OPTOMETRY</b>   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>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

M-F 9AM-7PM  
SA 9AM-5PM

### TRINH, RACHELLE, OD

Provider Gender: Female  
License Number: 35531  
NPI: 1467139287  
Provider English Spoken: Y  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: Y  
OTAY RANCH EYEWORKS OPTOMETRY  
📍 1741 EASTLAKE PKWY STE 101  
CHULA VISTA, CA 91915  
☎ Phone: (619) 421-6600  
Fax: (619) 421-6006  
🕒 After Hours Phone: (619) 421-6600  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Hindi, Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: SU 10AM-4PM  
M-F 9AM-7PM  
SA 9AM-5PM

### VILLA, ANGELICA, OD

Provider Gender: Female  
License Number: 10561  
NPI: 1962544965  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: Y  
VILLA OPTOMETRY INC  
📍 523 TELEGRAPH CANYON RD  
CHULA VISTA, CA 91910  
☎ Phone: (619) 482-2020  
Fax: (619) 482-2671  
🕒 After Hours Phone: (619) 482-2020  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-TU 9AM-6PM  
W 11AM-6PM  
TH-F 9AM-6PM

### CORONADO

### COCKERHAM, KIMBERLY, MD

Provider Gender: Female  
License Number: G86885

NPI: 1366493629

Provider English Spoken: Y  
Cultural Competency: Y  
ALVARADO EYE ASSOCIATES MED CLINIC INC  
📍 801 ORANGE AVE STE 204  
CORONADO, CA 92118  
☎ Phone: (619) 437-4406  
Fax: (619) 522-7983  
🕒 After Hours Phone: (619) 437-4406  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M 9AM-4:30PM  
TU 9AM-3PM  
W-TH 9AM-4:30PM

### GRAY, IGA, MD

Provider Gender: Female  
License Number: A174875  
NPI: 1033538350  
Provider English Spoken: Y  
Cultural Competency: Y  
ALVARADO EYE ASSOCIATES MED CLINIC INC  
📍 801 ORANGE AVE STE 204  
CORONADO, CA 92118  
☎ Phone: (619) 437-4406

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (619) 522-7983

☎ After Hours Phone: (619) 437-4406

Accepting New Patients: Yes

📄 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 9AM-4:30PM  
TU 9AM-3PM  
W-TH 9AM-4:30PM

### KATZMAN, LEE, MD

Provider Gender: Male

License Number: A135673

NPI: 1912297284

Provider English Spoken: Y  
Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

📍 801 ORANGE AVE STE 204  
CORONADO, CA 92118

☎ Phone: (619) 437-4406

Fax: (619) 522-7983

☎ After Hours Phone: (619) 437-4406

Accepting New Patients: Yes

📄 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):  
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:

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Russian*

*Cultural Competency: Y*

ALVARADO EYE ASSOCIATES  
MED CLINIC INC


 801 ORANGE AVE STE 204  
CORONADO, CA 92118

 Phone: (619) 437-4406

Fax: (619) 522-7983


 After Hours Phone: (619)  
437-4406

*Accepting New Patients: Yes*


 Site English Spoken: Y  
Min/Max Age: 0\None

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1U*

 Hours: M 9AM-4:30PM  
TU 9AM-3PM  
W-TH 9AM-4:30PM

### EL CAJON

**AOTO, KIM, OD**

*Provider Gender: Female*

*License Number: 14524*

*NPI: 1780935650*

*Provider English Spoken: Y*

*Provider Language(s) Spoken:*


*Spanish, Vietnamese*

*Cultural Competency: Y*

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619)  
440-5400

*Accepting New Patients: Yes*


 Site English Spoken: Y  
Min/Max Age: 0\None

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1T*

 Hours: M-F 8:30AM-6PM

**ASIS, STEPHANIE, OD**

*Provider Gender: Female*

*License Number: 34013*

*NPI: 1902383540*


*Provider English Spoken: Y*

*Cultural Competency: Y*

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619)  
440-5400

*Accepting New Patients: Yes*

 Site English Spoken: Y  
Min/Max Age: 0\None


*Gender Restriction: No Gender*

*restriction*

*American Sign Language (ASL):  
N*

 Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1T*

 Hours: M-F 8:30AM-6PM

**BAUMANN, DANIELA, OD**

*Provider Gender: Female*

*License Number: 34530*


*NPI: 1982232146*

*Provider English Spoken: Y*

*Cultural Competency: Y*

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619)  
440-5400

*Accepting New Patients: Yes*


 Site English Spoken: Y  
Min/Max Age: 0\None

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):  
N*

 Accessibility: CONTACT  
PROVIDER

*Public transportation (within  
1/2 mile from Site): 1T*

 Hours: M-F 8:30AM-6PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **BINDER, NICHOLAS, MD**

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8:30AM-6PM

### **BUTLER, KIM, OD**

Provider Gender: Male

License Number: 6405

NPI: 1467444844

Provider English Spoken: Y

Cultural Competency: Y

KIM J BUTLER OD

1273 BROADWAY  
EL CAJON, CA 92021

Phone: (619) 579-2345

Fax: (619) 579-0876

After Hours Phone: (619)  
579-2345

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 9AM-5PM  
SA 9AM-12AM

### **CHAN, KWOK FUNG, OD**

Provider Gender: Male

License Number: 35087

NPI: 1407508385

Provider English Spoken: Y

Cultural Competency: Y

WERNER OPTOMETRY

2650 JAMACHA RD STE 155  
EL CAJON, CA 92019

Phone: (619) 670-6296

Fax: (619) 670-8852

After Hours Phone: (619)  
670-6296

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Italian, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender

restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 9AM-5PM  
TU 10AM-5PM  
W-TH 9AM-5PM  
F 8AM-2PM

### **DEAN, MOENA, OD**

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction


American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 8:30AM-6PM

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 8:30AM-6PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male

License Number: A34834

NPI: 1760473797


Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584


Provider English Spoken: Y

Provider Language(s) Spoken: Arabic

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **KHIEU, TINA, OD**

Provider Gender: Female


License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020


 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619)

440-5400

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM

### **MARYOUNG, ALLISON, OD**

Provider Gender: Female


License Number: 35512


NPI: 1083309124

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 Phone: (619) 440-5400

Fax: (619) 440-0239

 After Hours Phone: (619) 440-5400


Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### **MCMURREN, BRITTANY, OD**

Provider Gender: Female

License Number: 14824

NPI: 1104243815

Provider English Spoken: Y

Cultural Competency: Y

WERNER OPTOMETRY

📍 2650 JAMACHA RD STE 155  
EL CAJON, CA 92019

☎ Phone: (619) 670-6296

Fax: (619) 670-8852

🕒 After Hours Phone: (619)  
670-6296

Accepting New Patients: Yes

🗨 Site English Spoken: Y

🗨 Site Language(s) Spoken:  
Italian, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 9AM-5PM  
TU 10AM-5PM  
W-TH 9AM-5PM  
F 8AM-2PM

### **PANDYA, BHUMIKA, OD**

Provider Gender: Female

License Number: 35025

NPI: 1063182822

Provider English Spoken: Y

Provider Language(s) Spoken:

Hindi

Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

🕒 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

🗨 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200

EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

🕒 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

🗨 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-6PM

### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Provider Language(s) Spoken:

Gujarati, Hindi, Spanish

Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

🕒 After Hours Phone: (619)  
440-5400

Accepting New Patients: Yes

🗨 Site English Spoken: Y

Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-6PM*

### **SCOTT, JEFFREY, OD**

*Provider Gender: Male*

*License Number: 34978*


*NPI: 1568813434*

*Provider English Spoken: Y*

*Cultural Competency: Y*

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 *Phone: (619) 440-5400*

*Fax: (619) 440-0239*


 *After Hours Phone: (619) 440-5400*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-6PM*

### **TO, BRITTANY, OD**

*Provider Gender: Female*

*License Number: 10651*


*NPI: 1306997143*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: Vietnamese*

*Cultural Competency: Y*

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP


 300 S PIERCE ST STE 200 EL CAJON, CA 92020

 *Phone: (619) 440-5400*

*Fax: (619) 440-0239*


 *After Hours Phone: (619) 440-5400*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*  
*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-6PM*

### CALIFORNIA MEDICAL GROUP


 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*

### **TON-NU, MY LINH, OD**

*Provider Gender: Female*

*License Number: 34990*

*NPI: 1245733476*




*Provider English Spoken: Y*

*Cultural Competency: Y*

RETINA INSTITUTE OF


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:30AM-6PM

### VINH, JOHN, OD

Provider Gender: Male  
 License Number: 14177  
 NPI: 1003102724  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP  
 300 S PIERCE ST STE 200  
 EL CAJON, CA 92020  
 Phone: (619) 440-5400  
 Fax: (619) 440-0239  
 After Hours Phone: (619) 440-5400  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-6PM  
**WERNER, R AARON, OD**  
 Provider Gender: Male  
 License Number: 13478  
 NPI: 1821259458  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Y  
 WERNER OPTOMETRY

 2650 JAMACHA RD STE 155  
 EL CAJON, CA 92019  
 Phone: (619) 670-6296  
 Fax: (619) 670-8852

 After Hours Phone: (619) 670-6296

Accepting New Patients: Yes


 Site English Spoken: Y  
 Site Languages(s) Spoken: Italian, Spanish

Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM  
 TU 10AM-5PM  
 W-TH 9AM-5PM  
 F 8AM-2PM

### WERNER, REX, OD

Provider Gender: Male

License Number: 9378

NPI: 1891760716


Provider English Spoken: Y


Provider Language(s) Spoken: Italian, Spanish

Cultural Competency: Y

WERNER OPTOMETRY

 2650 JAMACHA RD STE 155  
 EL CAJON, CA 92019


 Phone: (619) 670-6296

 Fax: (619) 670-8852

 After Hours Phone: (619) 670-6296

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Italian, Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M 9AM-5PM  
 TU 10AM-5PM  
 W-TH 9AM-5PM  
 F 8AM-2PM

### ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

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# J. Directorio de proveedores de la vista: servicios oculares y de la vista

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200 EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8:30AM-6PM

## ZHAO, TAILUN, MD

Provider Gender: Male

License Number: C186414

NPI: 1952659203

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200 EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8:30AM-6PM

## ZVANUT, DONALD, OD

Provider Gender: Male

License Number: 8642

NPI: 1336211804

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200 EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619) 440-5400

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8:30AM-6PM

## ENCINITAS

### ADAMS, MONA, OD

Provider Gender: Female

License Number: 14457

NPI: 1942564521

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS HOSPITAL ENCINITAS

477 N EL CAMINO REAL STE D302

ENCINITAS, CA 92024

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista


*Provider Language(s) Spoken:*

*Spanish, Vietnamese*

*Cultural Competency: Y*

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 *Phone: (760) 943-7141*

*Fax: (760) 943-0371*

 *After Hours Phone: (760)  
943-7141*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Language(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F 8AM-5PM*

### **BANSAL, PREETI, MD**

*Provider Gender: Female*

*License Number: A90890*

*NPI: 1871664631*

*Provider English Spoken: Y*


*Provider Language(s) Spoken:  
Spanish*

*Cultural Competency: Y*


RADY CHILDRENS HOSPITAL  
ENCINITAS

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 *Phone: (858) 309-7702*

*Fax: (858) 966-7403*

 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F 8AM-5PM*

### **BAUMANN, DANIELA, OD**

*Provider Gender: Female*

*License Number: 34530*


*NPI: 1982232146*

*Provider English Spoken: Y*


*Cultural Competency: Y*

ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
ENCINITAS, CA 92024


 *Phone: (760) 943-7141*

*Fax: (760) 943-0371*

 *After Hours Phone: (760)  
943-7141*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Language(s) Spoken:  
Spanish*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender*

*restriction*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

 *Hours: M-F 8AM-5PM*

### **BHATIA, SHAGUN, MD**

*Provider Gender: Female*


*License Number: A154902*

*NPI: 1104237353*


*Provider English Spoken: Y*

*Cultural Competency: Y*

RADY CHILDRENS HOSPITAL  
ENCINITAS

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

 *Phone: (858) 309-7702*

*Fax: (858) 966-7403*

 *After Hours Phone: (858)  
309-7702*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender  
restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F 8AM-5PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL): **MOLL, ANGELA, MD**

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

**MCGRAW, JOSEPH, MD**

Provider Gender: Male

License Number: A155228


NPI: 1588624852

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104 ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Language(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): **MORRISON REYES, JOSHUA,**

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

Provider Gender: Female

License Number: A105472

NPI: 1861648602

Provider English Spoken: Y


Cultural Competency: Y

RADY CHILDRENS HOSPITAL ENCINITAS

 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024

 Phone: (858) 309-7702

Fax: (858) 966-7403

 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

**MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y


Provider Language(s) Spoken:

Indonesian, Spanish


Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104 ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

**O HALLORAN, HENRY, MD**

Provider Gender: Male

License Number: A73282

NPI: 1235287947

Provider English Spoken: Y

Provider Language(s) Spoken:

German, Spanish

Cultural Competency: Y

RADY CHILDRENS HOSPITAL ENCINITAS

 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024

 Phone: (858) 309-7702

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (858) 966-7403

 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes


Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### **SAMUEL, MICHAEL, MD**

Provider Gender: Male

License Number: A83237


NPI: 1730175670

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104 ENCINITAS, CA 92024

 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990


NPI: 1245733476

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 320 SANTA FE DR STE 104 ENCINITAS, CA 92024

 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): 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






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## J. Directorio de proveedores de la vista: servicios oculares y de la vista



 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

### ZHAO, TAILUN, MD

Provider Gender: Male  
 License Number: C186414  
 NPI: 1952659203  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction



American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

### ZVANUT, DONALD, OD

Provider Gender: Male  
 License Number: 8642  
 NPI: 1336211804  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP

 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024

 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction


American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM


### ESCONDIDO

#### ADAMS, MONA, OD

Provider Gender: Female  
 License Number: 14457  
 NPI: 1942564521


Provider English Spoken: Y  
 Cultural Competency: Y  
 RADY CHILDRENS SPECIALISTS

 2125 CITRACADO PKWY  
 STE 200  
 ESCONDIDO, CA 92029

 Phone: (760) 755-7600  
 Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes


 Site English Spoken: Y  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-4:30PM

#### ASIS, STEPHANIE, OD

Provider Gender: Female  
 License Number: 34013  
 NPI: 1902383540

Provider English Spoken: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Cultural Competency: Y*

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **BANDAK, DIANA, OD**

Provider Gender: Female

License Number: 34850

NPI: 1235805318

Provider English Spoken: Y


Provider Language(s) Spoken:  
Arabic

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **BANSAL, PREETI, MD**

Provider Gender: Female

License Number: A90890

NPI: 1871664631

Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish


Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:30AM-4:30PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530

NPI: 1982232146


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-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

**CHAU, VIVIAN, OD**

Provider Gender: Female

License Number: 35427

NPI: 1558052951

Provider English Spoken: Y

Provider Language(s) Spoken:


Chinese

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026


 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

 Site English Spoken: Y


 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### DUONG, KIM, OD

Provider Gender: Female

License Number: 34222

NPI: 1114448651

Provider English Spoken: Y

Provider Language(s) Spoken:

Vietnamese


Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-4:30PM

### GOLDSTONE, ADAM, OD

Provider Gender: Male

License Number: 11051

NPI: 1316972995


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### HSU, CHRISTOPHER, MD

Provider Gender: Male

License Number: A65973

NPI: 1336167618


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485

NPI: 1013605526


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Provider Language(s) Spoken:

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Arabic

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### KARAPETIAN, ELENA, OD

Provider Gender: Female

License Number: 34514

NPI: 1184250417

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

Provider Language(s) Spoken:

Arabic

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### KHIEU, TINA, OD

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N


Accessibility: CONTACT  
PROVIDER

Public transportation (within

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **KIM, PHILIP, OD**

Provider Gender: Male

License Number: 33893

NPI: 1376929034


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **KLAREN, AMANDA, OD**

Provider Gender: Female

License Number: 12617

NPI: 1396876611

Provider English Spoken: Y


Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

 2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Accepting New Patients: Yes

Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:30AM-4:30PM

### **KWAK, ANGELA, OD**

Provider Gender: Female

License Number: 13692

NPI: 1255564860


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)

743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **LE, TAM, OD**

Provider Gender: Female

License Number: 12951

NPI: 1235268707

Provider English Spoken: Y


Provider Language(s) Spoken:  
Spanish, Vietnamese

Cultural Competency: Y

TAM T LE OD INC

 1711 E VALLEY PKWY STE  
109

ESCONDIDO, CA 92027

 Phone: (760) 737-6064

Fax: (760) 737-6064

 After Hours Phone: (760)  
737-6064

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish, Vietnamese

Min/Max Age: 0\None

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista


Gender Restriction: No Gender restriction  
Public transportation (within 1/2 mile from Site): 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


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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Phone: (760) 755-7600  
Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): Public transportation (within 1/2 mile from Site): 1T  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-4:30PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435


NPI: 1235366782


Provider English Spoken: Y


Provider Language(s) Spoken: Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP


 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

 Phone: (760) 743-5872  
Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### MOVAGHAR, MANSOOR, MD

Provider Gender: Male

License Number: A100897


NPI: 1497792220


Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS


SPECIALISTS

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600  
Fax: (760) 755-7699


 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-4:30PM

### O HALLORAN, HENRY, MD

Provider Gender: Male

License Number: A73282

NPI: 1235287947


Provider English Spoken: Y


Provider Language(s) Spoken: German, Spanish

Cultural Competency: Y

RADY CHILDRENS


SPECIALISTS

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600  
Fax: (760) 755-7699


 After Hours Phone: (760) 755-7600

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8:30AM-4:30PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### PANSARA, MEGHA, MD

Provider Gender: Female  
 License Number: A143429  
 NPI: 1184983728  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Gujarati  
 Cultural Competency: Y

### RADY CHILDRENS

#### SPECIALISTS

2125 CITRACADO PKWY  
 STE 200  
 ESCONDIDO, CA 92029  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:30AM-4:30PM

### PATEL, 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:

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Spanish*  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T


 Hours: M-F 8AM-5PM


### **SAMUEL, MICHAEL, MD**

Provider Gender: Male  
 License Number: A83237  
 NPI: 1730175670

Provider English Spoken: Y  
 Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
 STE 200  
 ESCONDIDO, CA 92026

 Phone: (760) 743-5872  
 Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **THACH, TERILYN, OD**

Provider Gender: Female

License Number: 11456

NPI: 1710030861


Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: Y

INSIGHT VISION OPTOMETRY

 2419 E VALLEY PKWY  
 ESCONDIDO, CA 92027

 Phone: (760) 738-9931

Fax: (760) 888-2181

 After Hours Phone: (760) 738-9931

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 9:30AM-5PM  
 TH 10AM-6PM  
 F 9:30AM-5PM

### **TO, BRITTANY, OD**

Provider Gender: Female

License Number: 10651

NPI: 1306997143

Provider English Spoken: Y


Provider Language(s) Spoken: Vietnamese

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
 STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y


Cultural Competency: Y


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


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026


 Phone: (760) 743-5872

 Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Language(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### TRAN, ALEXANDER, OD

Provider Gender: Male

License Number: 14136


NPI: 1902414790


Provider English Spoken: Y


Cultural Competency: Y

RADY CHILDRENS

### SPECIALISTS

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029


 Phone: (760) 755-7600

 Fax: (760) 755-7699

 After Hours Phone: (760)

755-7600

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F  
8:30AM-4:30PM

### VERRET, ERIC, OD

Provider Gender: Male

License Number: 11401

NPI: 1194891853


Provider English Spoken: Y


Provider Language(s) Spoken:  
French, Spanish

Cultural Competency: Y

ESCONDIDO EYECARE

 613 E GRAND AVE  
ESCONDIDO, CA 92025


 Phone: (760) 747-7979

 Fax: (760) 747-7799

 After Hours Phone: (760)  
747-7979

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Language(s) Spoken:  
Arabic, French, Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM  
W-TH 9AM-8PM

### 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **ZAIDI, NOORINA, OD**

Provider Gender: Female

License Number: 35615

NPI: 1023477262


Provider English Spoken: Y

Cultural Competency: Y


ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y


Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **ZHAO, TAILUN, MD**

Provider Gender: Male

License Number: C186414

NPI: 1952659203


Provider English Spoken: Y

Cultural Competency: Y


ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)  
743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **ZVANUT, DONALD, OD**

Provider Gender: Male

License Number: 8642

NPI: 1336211804


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872

Fax: (760) 743-5879

 After Hours Phone: (760)

743-5872

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

## **FALLBROOK**

### **ARCHIBALD, JOHN, OD**

Provider Gender: Male

License Number: 11813


NPI: 1902893357

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028

 Phone: (760) 728-5728

Fax: (760) 728-5934

 After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### 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

 1102 S MAIN AVE  
FALLBROOK, CA 92028


 Phone: (760) 723-8417

Fax: (760) 758-2063

 After Hours Phone: (760) 723-8417

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1T

 Hours: M 1PM-5PM

W 9AM-6PM

F 1PM-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

 1102 S MAIN AVE  
FALLBROOK, CA 92028


 Phone: (760) 723-8417

Fax: (760) 758-2063

 After Hours Phone: (760) 723-8417

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1T

 Hours: M 1PM-5PM

W 9AM-6PM

F 1PM-5PM

### KHINDA, SUNEHA, OD

Provider Gender: Female

License Number: 35494


NPI: 1750066726

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

 521 E ELDER ST STE 102  
FALLBROOK, CA 92028


 Phone: (760) 728-5728

Fax: (760) 728-5934

 After Hours Phone: (760) 728-5728

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### NOORI, SARA, OD

Provider Gender: Female

License Number: 35457

NPI: 1477248912

Provider English Spoken: Y

Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### INLAND EYE SPECIALISTS

521 E ELDER ST STE 102  
FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### TEW, JOHN, MD

Provider Gender: Male

License Number: A83206

NPI: 1174593354

Provider English Spoken: Y

Provider Language(s) Spoken:  
Portuguese

Cultural Competency: Y

### INLAND EYE SPECIALISTS

521 E ELDER ST STE 102  
FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760)  
728-5728

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-5PM

### IMPERIAL BEACH

#### HANONO, HELFON, OD

Provider Gender: Male

License Number: 6681

NPI: 1619942034

Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish

Cultural Competency: Y

#### IMPERIAL BEACH

#### OPTOMETRY INC APC

894 PALM AVE STE B  
IMPERIAL BEACH, CA  
91932

Phone: (619) 424-9333

Fax: (619) 424-3356

After Hours Phone: (619)  
424-9333

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-6PM

#### HANONO, ABRAHAM, OD

Provider Gender: Male

License Number: 14900

NPI: 1356754741

Provider English Spoken: Y

Provider Language(s) Spoken:  
Hebrew, Spanish

Cultural Competency: Y

#### IMPERIAL BEACH

#### OPTOMETRY INC APC

894 PALM AVE STE B  
IMPERIAL BEACH, CA  
91932

Phone: (619) 424-9333

Fax: (619) 424-3356

After Hours Phone: (619)  
424-9333

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish



Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 9AM-6PM*


### LA JOLLA


#### **BAUMANN, DANIELA, OD**

*Provider Gender: Female*  
*License Number: 34530*  
*NPI: 1982232146*

*Provider English Spoken: Y*  
*Cultural Competency: Y*

#### ACUITY EYE GROUP


 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037

 *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*

 *After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken: Spanish, Tagalog*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*


#### **CODEN, DANIEL, MD**


*Provider Gender: Male*  
*License Number: G57587*  
*NPI: 1942317508*

*Provider English Spoken: Y*

*Cultural Competency: Y*

#### ACUITY EYE GROUP


 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037

 *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*

 *After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish, Tagalog*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*

#### **DEAN, MOENA, OD**

*Provider Gender: Female*  
*License Number: 33955*  
*NPI: 1265927578*

*Provider English Spoken: Y*


*Cultural Competency: Y*

#### ACUITY EYE GROUP

 9850 GENESEE AVE STE

310


LA JOLLA, CA 92037

 *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*

 *After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish, Tagalog*

*Min/Max Age: 0\None*


*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-F 8AM-4:30PM*


#### **DYER, SHARON, OD**


*Provider Gender: Female*  
*License Number: 33450*  
*NPI: 1063866887*

*Provider English Spoken: Y*

*Cultural Competency: Y*

#### ACUITY EYE GROUP

 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037

 *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*

 *After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken:*

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Spanish, Tagalog*  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### HO, AMIEE, OD

Provider Gender: Female

License Number: 14527

NPI: 1396009478


Provider English Spoken: Y

Cultural Competency: Y

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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 After Hours Phone: (858) 534-6290

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-4:30PM

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485

NPI: 1013605526


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037


 Phone: (858) 457-3010

Fax: (858) 457-0028

 After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037


 Phone: (858) 457-3010

Fax: (858) 457-0028

 After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### HUSTANA, LARA, OD

Provider Gender: Female

License Number: 11472

NPI: 1235161597

Provider English Spoken: Y

Provider Language(s) Spoken: French


Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

 9350 CAMPUS POINT DR STE 1B


LA JOLLA, CA 92037

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858) 534-6290

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-4:30PM

### HUSTANA, LARA, OD

Provider Gender: Female

License Number: 11472

NPI: 1235161597

Provider English Spoken: Y

Provider Language(s) Spoken:

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

French

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL): Provider Gender: Female

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009

NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### JOMOC, CAITLIN, OD

Provider Gender: Female

License Number: 35009

NPI: 1861164642

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Provider Language(s) Spoken:  
Arabic

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### KHALIL, VADY, OD

Provider Gender: Male

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
Provider Language(s) Spoken:  
Arabic

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

**KHIEU, TINA, OD**

Provider Gender: Female

License Number: 34777

NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE

310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

**KIM, PHILIP, OD**

Provider Gender: Male

License Number: 33893

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

**KIM, PHILIP, OD**

Provider Gender: Male

License Number: 33893

NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction


American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 8AM-4:30PM

### **KULISCHAK, JOHN, OD**

Provider Gender: Male

License Number: 9279


NPI: 1740205236

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### **KULISCHAK, JOHN, OD**

Provider Gender: Male

License Number: 9279

NPI: 1740205236

Provider English Spoken: Y


Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

 Site English Spoken: Y


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-4:30PM

### **LAM, ANNE, OD**

Provider Gender: Female

License Number: 12810


NPI: 1174550768

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

 9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender

restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

### **LAM, ANNE, OD**

Provider Gender: Female

License Number: 12810

NPI: 1174550768

Provider English Spoken: Y


Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

 9350 CAMPUS POINT DR  
STE 1B


LA JOLLA, CA 92037

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-4:30PM

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 8AM-4:30PM  
SA 8AM-2PM


### **MIZOGUCHI, LIANNE, OD**

Provider Gender: Female  
License Number: 10104  
NPI: 1619900313  
Provider English Spoken: Y  
Cultural Competency: Y

PERLMAN


OPHTHALMOLOGY-UCSD

 9350 CAMPUS POINT DR  
STE 1B  
LA JOLLA, CA 92037

 Phone: (858) 534-6290  
Fax: (858) 732-0921


 After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T


 Hours: M-F 8AM-4:30PM

### **MOOR, TRACY, OD**

Provider Gender: Female  
License Number: 35085  
NPI: 1184283277  
Provider English Spoken: Y  
Cultural Competency: Y


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):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

<p>N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Public transportation (within 1/2 mile from Site): 1U</i>   <i>Hours: M-F 8AM-4:30PM</i></p>	<p><b>PRATT, STEVEN, MD</b>  <i>Provider Gender: Male</i>  <i>License Number: G32379</i>  <i>NPI: 1407963044</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: Y</i></p>	<p><i>Provider Language(s) Spoken: Vietnamese</i>  <i>Cultural Competency: Y</i></p>
<p><b>PERRY, ARTHUR, MD</b>  <i>Provider Gender: Male</i>  <i>License Number: C37934</i>  <i>NPI: 1194832725</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Spanish</i>  <i>Cultural Competency: Y</i></p> <p>ACUITY EYE GROUP   9850 GENESEE AVE STE 310            LA JOLLA, CA 92037   <i>Phone: (858) 457-3010</i>  <i>Fax: (858) 457-0028</i>   <i>After Hours Phone: (858) 457-3010</i>  <i>Accepting New Patients: Yes</i>   <i>Site English Spoken: Y</i>   <i>Site Languages(s) Spoken: Spanish, Tagalog</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i>  <i>American Sign Language (ASL):</i></p>	<p>ACUITY EYE GROUP   9850 GENESEE AVE STE 310            LA JOLLA, CA 92037   <i>Phone: (858) 457-3010</i>  <i>Fax: (858) 457-0028</i>   <i>After Hours Phone: (858) 457-3010</i>  <i>Accepting New Patients: Yes</i>   <i>Site English Spoken: Y</i>   <i>Site Languages(s) Spoken: Spanish, Tagalog</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i>  <i>American Sign Language (ASL):</i></p>	<p>ACUITY EYE GROUP   9850 GENESEE AVE STE 310            LA JOLLA, CA 92037   <i>Phone: (858) 457-3010</i>  <i>Fax: (858) 457-0028</i>   <i>After Hours Phone: (858) 457-3010</i>  <i>Accepting New Patients: Yes</i>   <i>Site English Spoken: Y</i>   <i>Site Languages(s) Spoken: Spanish, Tagalog</i>  <i>Min/Max Age: 0\None</i>  <i>Gender Restriction: No Gender restriction</i>  <i>American Sign Language (ASL):</i></p>
<p>N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Public transportation (within 1/2 mile from Site): 1U</i>   <i>Hours: M-F 8AM-4:30PM</i></p>	<p><b>TO, BRITTANY, OD</b>  <i>Provider Gender: Female</i>  <i>License Number: 10651</i>  <i>NPI: 1306997143</i>  <i>Provider English Spoken: Y</i></p>	<p><b>TON-NU, MY LINH, OD</b>  <i>Provider Gender: Female</i>  <i>License Number: 34990</i>  <i>NPI: 1245733476</i>  <i>Provider English Spoken: Y</i>  <i>Cultural Competency: Y</i></p> <p>ACUITY EYE GROUP   9850 GENESEE AVE STE 310            LA JOLLA, CA 92037   <i>Phone: (858) 457-3010</i></p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (858) 457-0028

☎ After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### TONNU, ANH, OD

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

☎ After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken:

Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

☎ After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

☎ After Hours Phone: (858) 457-3010

Accepting New Patients: Yes

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish, Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-4:30PM

### VO, ANDREW MINH, OD

Provider Gender: Male

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

License Number: 33869

NPI: 1790291565

Provider English Spoken: Y

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 8AM-4:30PM

**VO, ANDREW MINH, OD**

Provider Gender: Male

License Number: 33869

NPI: 1790291565

Provider English Spoken: Y

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

**YU, CAROL, OD**

Provider Gender: Female

License Number: 34047

NPI: 1639697451

Provider English Spoken: Y

Provider Language(s) Spoken:

Spanish, Chinese

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM  
SA 8AM-2PM

**YU, CAROL, OD**

Provider Gender: Female

License Number: 34047

NPI: 1639697451

Provider English Spoken: Y

Provider Language(s) Spoken:

Spanish, Chinese

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction



American Sign Language (ASL):

N






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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8AM-4:30PM*

### **ZAIDI, NOORINA, OD**

*Provider Gender: Female*  
*License Number: 35615*  
*NPI: 1023477262*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037  
 *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*  
 *After Hours Phone: (858) 457-3010*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish, Tagalog*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-4:30PM*

### **ZHAO, TAILUN, MD**



*Provider Gender: Male*

*License Number: C186414*  
*NPI: 1952659203*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP



 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037  
 *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*

 *After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*


 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish, Tagalog*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-4:30PM*

### **ZVANUT, DONALD, OD**



*Provider Gender: Male*  
*License Number: 8642*  
*NPI: 1336211804*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP

 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037

 *Phone: (858) 457-3010*  
*Fax: (858) 457-0028*

 *After Hours Phone: (858) 457-3010*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish, Tagalog*


*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


*Public transportation (within 1/2 mile from Site): 1U*


 *Hours: M-F 8AM-4:30PM*

### **LA MESA**

#### **AOTO, KIM, OD**

*Provider Gender: Female*  
*License Number: 14524*  
*NPI: 1780935650*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Spanish, Vietnamese*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942

 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*

 *After Hours Phone: (619) 722-8460*

*Accepting New Patients: Yes*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

### ASIS, STEPHANIE, OD

Provider Gender: Female  
 License Number: 34013  
 NPI: 1902383540  
 Provider English Spoken: Y  
 Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

### AVALLONE, THOMAS, MD

Provider Gender: Male  
 License Number: A147199  
 NPI: 1679865950  
 Provider English Spoken: Y  
 Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM

### BAGHOUMIAN, MARINEH, OD

Provider Gender: Female  
 License Number: 14842  
 NPI: 1972929438  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Armenian

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM


### BAUMANN, DANIELA, OD


Provider Gender: Female  
 License Number: 34530  
 NPI: 1982232146  
 Provider English Spoken: Y  
 Cultural Competency: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### BAUMANN, DANIELA, OD

Provider Gender: Female


License Number: 34530


NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942

 Phone: (619) 465-2020


Fax: (619) 698-1189

 After Hours Phone: (619)

465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### BINDER, NICHOLAS, MD

Provider Gender: Male


License Number: A124698


NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### BUI, TINA, OD

Provider Gender: Female

License Number: 33435

NPI: 1497107312


Provider English Spoken: Y

Provider Language(s) Spoken: Vietnamese

Cultural Competency: Y

BUITIQUE OPTOMETRY

 5020 BALTIMORE DR STE B  
LA MESA, CA 91942


 Phone: (619) 464-8303

Fax: (619) 464-4971

 After Hours Phone: (619) 464-8303

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish, Vietnamese

Min/Max Age: 0\None

Gender Restriction: No Gender restriction


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 9AM-5PM  
SA 9AM-2PM

### CHANG, TOM, MD

Provider Gender: Male

License Number: A69909


NPI: 1609848969

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
465-2020

Accepting New Patients: Yes


 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### CHEW, WESLEY, OD

Provider Gender: Male

License Number: 14901

NPI: 1952714446


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE  
J

LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### COCKERHAM, KIMBERLY, MD

Provider Gender: Female


License Number: G86885


NPI: 1366493629

Provider English Spoken: Y

Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC


 7877 PARKWAY DR STE 100  
LA MESA, CA 91942

 Phone: (619) 460-3711

Fax: (619) 460-2184

 After Hours Phone: (619)  
460-3711

Accepting New Patients: Yes


 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-F  
8:30AM-4:30PM

### CONRAD, RANDALL, OD

Provider Gender: Male

License Number: 6423

NPI: 1962617464


Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish

Cultural Competency: Y

ALVARADO EYE ASSOCIATES  
MED CLINIC INC


 7877 PARKWAY DR STE 100  
LA MESA, CA 91942

 Phone: (619) 460-3711

Fax: (619) 460-2184

 After Hours Phone: (619)  
460-3711

Accepting New Patients: Yes

 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8:30AM-4:30PM

### DEAN, MOENA, OD

Provider Gender: Female


License Number: 33955


NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955


NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

### EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### DYER, SHARON, OD

Provider Gender: Female

License Number: 33450


NPI: 1063866887

Provider English Spoken: Y


Cultural Competency: Y

### EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### DYER, SHARON, OD

Provider Gender: Female


License Number: 33450


NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

### ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

**GOLLOGLY, HEIDRUN, MD**  
 Provider Gender: Female  
 License Number: A134761  
 NPI: 1477879823  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: German, French, Spanish  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site 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

**GOLLOGLY, HEIDRUN, MD**  
 Provider Gender: Female  
 License Number: A134761  
 NPI: 1477879823  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: German, French, Spanish  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189

After Hours Phone: (619) 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site 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

**GRAY, IGA, MD**  
 Provider Gender: Female  
 License Number: A174875  
 NPI: 1033538350  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ALVARADO EYE ASSOCIATES MED CLINIC INC  
 7877 PARKWAY DR STE 100  
 LA MESA, CA 91942  
 Phone: (619) 460-3711  
 Fax: (619) 460-2184  
 After Hours Phone: (619) 460-3711

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8:30AM-4:30PM

**HAN, SULKI, OD**  
 Provider Gender: Female  
 License Number: 34171  
 NPI: 1750802195

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Provider English Spoken: Y  
 Provider Language(s) Spoken:  
 Korean

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE  
 J  
 LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
 Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
 restriction

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

<p> <i>Site Languages(s) Spoken:</i> Spanish  <i>Min/Max Age:</i> 0\None  <i>Gender Restriction:</i> No Gender restriction  <i>American Sign Language (ASL):</i> N</p>	<p><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> M-F 8AM-5PM</p>	<p><b>KATZMAN, LEE, MD</b>  <i>Provider Gender:</i> Male  <i>License Number:</i> A135673  <i>NPI:</i> 1912297284  <i>Provider English Spoken:</i> Y  <i>Cultural Competency:</i> Y</p>
<p> <i>Accessibility:</i> CONTACT PROVIDER  <i>Public transportation (within 1/2 mile from Site):</i> 1T   <i>Hours:</i> M-F 8AM-5PM</p>	<p><b>KATZMAN, BARRY, MD</b>  <i>Provider Gender:</i> Male  <i>License Number:</i> A34834  <i>NPI:</i> 1760473797  <i>Provider English Spoken:</i> Y  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> Y</p>	<p>ALVARADO EYE ASSOCIATES MED CLINIC INC   7877 PARKWAY DR STE 100            LA MESA, CA 91942</p>
<p><b>KALBAKJI, NATALY, OD</b>  <i>Provider Gender:</i> Female  <i>License Number:</i> 34943  <i>NPI:</i> 1700556438  <i>Provider English Spoken:</i> Y  <i>Provider Language(s) Spoken:</i> Arabic  <i>Cultural Competency:</i> Y</p>	<p>ACUITY EYE GROUP   7339 EL CAJON BLVD STE J            LA MESA, CA 91942</p>	<p> <i>Phone:</i> (619) 460-3711  <i>Fax:</i> (619) 460-2184   <i>After Hours Phone:</i> (619) 460-3711  <i>Accepting New Patients:</i> Yes</p>
<p>EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP   5565 GROSSMONT CENTER DR # 551            LA MESA, CA 91942   <i>Phone:</i> (619) 465-2020  <i>Fax:</i> (619) 698-1189   <i>After Hours Phone:</i> (619) 465-2020  <i>Accepting New Patients:</i> Yes</p>	<p> <i>Phone:</i> (619) 722-8460  <i>Fax:</i> (619) 722-8465   <i>After Hours Phone:</i> (619) 722-8460  <i>Accepting New Patients:</i> Yes</p>	<p> <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</p>
<p> 5565 GROSSMONT CENTER DR # 551            LA MESA, CA 91942   <i>Phone:</i> (619) 465-2020  <i>Fax:</i> (619) 698-1189   <i>After Hours Phone:</i> (619) 465-2020  <i>Accepting New Patients:</i> Yes</p>	<p> <i>Site English Spoken:</i> Y   <i>Site Languages(s) Spoken:</i> Spanish  <i>Min/Max Age:</i> 0\None  <i>Gender Restriction:</i> No Gender restriction  <i>American Sign Language (ASL):</i> N</p>	<p> <i>Accessibility:</i> CONTACT PROVIDER  <i>Public transportation (within 1/2 mile from Site):</i> 1U   <i>Hours:</i> M-F 8:30AM-4:30PM</p>
<p> <i>Site English Spoken:</i> Y   <i>Site Languages(s) Spoken:</i> Spanish  <i>Min/Max Age:</i> 0\None  <i>Gender Restriction:</i> No Gender restriction</p>	<p> <i>Accessibility:</i> CONTACT PROVIDER  <i>Public transportation (within 1/2 mile from Site):</i> 1T</p>	<p><b>KHALIL, VADY, OD</b>  <i>Provider Gender:</i> Male  <i>License Number:</i> 35137  <i>NPI:</i> 1275263584  <i>Provider English Spoken:</i> Y  <i>Provider Language(s) Spoken:</i> Arabic</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*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 PROVIDER

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 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  
 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista



 5565 GROSSMONT  
 CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619)  
 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: M-F 8AM-5PM

**MERALI, MURTAZA, OD**  
 Provider Gender: Female  
 License Number: 14558  
 NPI: 1972944189  
 Provider English Spoken: Y  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE  
 J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)

722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM





**MORRISON REYES, JOSHUA,  
 MD**  
 Provider Gender: Male  
 License Number: A125435  
 NPI: 1235366782  
 Provider English Spoken: Y  
 Provider Language(s) Spoken:  
 Indonesian, Spanish  
 Cultural Competency: Y  
 ACUITY EYE GROUP

 7339 EL CAJON BLVD STE  
 J  
 LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619)  
 722-8460  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish

Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-F 8AM-5PM

**MORRISON REYES, JOSHUA,  
 MD**

Provider Gender: Male  
 License Number: A125435  
 NPI: 1235366782  
 Provider English Spoken: Y  
 Provider Language(s) Spoken:  
 Indonesian, Spanish  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN  
 DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT  
 CENTER DR # 551  
 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619)  
 465-2020  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender  
 restriction  
 American Sign Language (ASL):

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

- N**  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8AM-5PM*
- NGUYEN, THY, OD**  
*Provider Gender: Female*  
*License Number: 12746*  
*NPI: 1750490413*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Spanish, Vietnamese*  
*Cultural Competency: Y*  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 *After Hours Phone: (619) 722-8460*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site 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*
- OU, JOCELYN, OD**  
*Provider Gender: Female*  
*License Number: 34063*  
*NPI: 1225518996*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**ALVARADO EYE ASSOCIATES MED CLINIC INC**  
 7877 PARKWAY DR STE 100  
 LA MESA, CA 91942  
 *Phone: (619) 460-3711*  
*Fax: (619) 460-2184*  
 *After Hours Phone: (619) 460-3711*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
*Min/Max Age: 0\None*  
*Gender Restriction: No Gender restriction*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 *Hours: M-F 8:30AM-4:30PM*
- PANDYA, BHUMIKA, OD**  
*Provider Gender: Female*  
*License Number: 35025*  
*NPI: 1063182822*  
*Provider English Spoken: Y*  
*Provider Language(s) Spoken: Hindi*
- Cultural Competency: Y*  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 *After Hours Phone: (619) 722-8460*  
*Accepting New Patients: Yes*  
 *Site English Spoken: Y*  
 *Site 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*
- PATEL, GITANE, MD**  
*Provider Gender: Male*  
*License Number: A108603*  
*NPI: 1710171434*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 *After Hours Phone: (619)*

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

### **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 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

### **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 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

### **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 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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL):  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):

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

1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### TON-NU, MY LINH, OD

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y


Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT

CENTER DR # 551

LA MESA, CA 91942


 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish

Min/Max Age: 0\None

Gender 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Phone: (619) 722-8460  
Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

NPI: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL):  | 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

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

 Phone: (619) 722-8460

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (619) 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

### **ZAIDI, NOORINA, OD**

Provider Gender: Female

License Number: 35615


NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### **ZVANUT, DONALD, OD**

Provider Gender: Male

License Number: 8642


NPI: 1336211804

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619) 465-2020

Accepting New Patients: Yes


Site English Spoken: Y

Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-5PM

### **ZVANUT, DONALD, OD**

Provider Gender: Male

License Number: 8642

NPI: 1336211804


Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J

LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken: Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### **LAKESIDE**

### **FLEMING, JOHN, OD**

Provider Gender: Male

License Number: 8461

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

NPI: 1033192133

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

9710 WINTER GARDENS  
BLVD STE A  
LAKESIDE, CA 92040

Phone: (619) 443-1075

Fax: (619) 443-9382

After Hours Phone: (619)  
443-1075

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM  
F 9AM-4PM

### HOANG, KENNY, OD

Provider Gender: Male

License Number: 35207

NPI: 1740868603

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

9710 WINTER GARDENS  
BLVD STE A  
LAKESIDE, CA 92040

Phone: (619) 443-1075

Fax: (619) 443-9382

After Hours Phone: (619)  
443-1075

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM  
F 9AM-4PM

### JOHNSON, CHRISTOPHER, OD

Provider Gender: Male

License Number: 15100

NPI: 1568861425

Provider English Spoken: Y

Cultural Competency: Y

JOHN C FLEMING OD

9710 WINTER GARDENS  
BLVD STE A  
LAKESIDE, CA 92040

Phone: (619) 443-1075

Fax: (619) 443-9382

After Hours Phone: (619)  
443-1075

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH 9AM-5PM  
F 9AM-4PM

### NATIONAL CITY

#### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG

NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### **BAUMANN, DANIELA, OD**

Provider Gender: Female

License Number: 34530

NPI: 1982232146

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### **BINDER, NICHOLAS, MD**

Provider Gender: Male

License Number: A124698

NPI: 1306076716

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG

NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619) 470-2700

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8AM-4:30PM

### **DEAN, MOENA, OD**

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302 NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

Site English Spoken: Y

Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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 restriction

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL):  | Hours: M-TU 8AM-6PM  
N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### HUANG, GRACE, OD

Provider Gender: Female

License Number: 35485


NPI: 1013605526

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950


 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### HUANG, GRACE, OD

Provider Gender: Female


License Number: 35485


NPI: 1013605526

Provider English Spoken: Y


Cultural Competency: Y

WEST COAST EYE CARE

 2240 E PLAZA BLVD STE  
FG  
NATIONAL CITY, CA 91950

 Phone: (619) 470-2700

Fax: (619) 267-8221

 After Hours Phone: (619)  
470-2700

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 8AM-4:30PM

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091


NPI: 1851349195

Provider English Spoken: Y


Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950


 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM

TH 8AM-6PM

F 8AM-5PM

### KALBAKJI, NATALY, OD

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Provider Language(s) Spoken:  
Arabic


Cultural Competency: Y

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 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 1/2 mile from Site): 1U

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-F 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

 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

<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>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>M-F 9AM-6PM</p> <p>SA 9AM-5PM</p>
<p><b>KHIEU, TINA, OD</b></p> <p>Provider Gender: Female</p> <p>License Number: 34777</p> <p>NPI: 1962031617</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</p> <p>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):</p>	<p><b>KING, MARY, OD</b></p> <p>Provider Gender: Female</p> <p>License Number: 13711</p> <p>NPI: 1578792107</p> <p>Provider English Spoken: Y</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: Y</p> <p>LUSTRO EYEWORKS OPTOMETRY</p> <p> 1481 E PLAZA BLVD NATIONAL CITY, CA 91950</p> <p> Phone: (619) 477-2159</p> <p>Fax: (619) 477-2128</p> <p> After Hours Phone: (619) 477-2159</p> <p>Accepting New Patients: Yes</p> <p> Site English Spoken: Y</p> <p> Site Languages(s) Spoken: Arabic, Hindi, 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: SU 10AM-4PM</p>	<p><b>LEE, AUSTIN, OD</b></p> <p>Provider Gender: Male</p> <p>License Number: 14519</p> <p>NPI: 1922356914</p> <p>Provider English Spoken: Y</p> <p>Cultural Competency: Y</p> <p>VIVE OPTOMETRY</p> <p> 1033 HIGHLAND AVE NATIONAL CITY, CA 91950</p> <p> Phone: (619) 477-2771</p> <p>Fax: (619) 477-1680</p> <p> After Hours Phone: (619) 477-2771</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> Accessibility: CONTACT PROVIDER</p> <p>Public transportation (within 1/2 mile from Site): 1T</p> <p> Hours: TU 10AM-5PM W-F 9:30AM-5PM</p>
<p><b>LEE, SALLY, DO</b></p> <p>Provider Gender: Female</p> <p>License Number: 20A8088</p> <p>NPI: 1457468514</p> <p>Provider English Spoken: Y</p>		

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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  
W 8:30AM-5PM


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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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 Languages(s) Spoken: Spanish


Min/Max Age: 0\None

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 Languages(s) Spoken: Spanish, Tagalog


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Public transportation (within 1/2 mile from Site): 1U

 Hours: M-TU 10AM-5PM  
TH-F 10AM-5PM

### **MORRISON REYES, JOSHUA, MD**

Provider Gender: Male  
License Number: A125435  
NPI: 1235366782  
Provider English Spoken: Y  
Provider Language(s) Spoken: Indonesian, Spanish  
Cultural Competency: Y  
ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619) 472-1010

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 8AM-6PM  
 W 8:30AM-5PM  
 TH 8AM-6PM  
 F 8AM-5PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male  
 License Number: A125435  
 NPI: 1235366782  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Indonesian, Spanish  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950  
 Phone: (619) 470-2700  
 Fax: (619) 267-8221  
 After Hours Phone: (619) 470-2700  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-4:30PM

### NGUYEN, THERESA, OD

Provider Gender: Female  
 License Number: 35530TLG  
 NPI: 1609555713  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 LUSTRO EYEWORKS OPTOMETRY  
 1481 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Phone: (619) 477-2159  
 Fax: (619) 477-2128  
 After Hours Phone: (619) 477-2159  
 Accepting New Patients: Yes

Site English Spoken: Y  
 Site Languages(s) Spoken: Arabic, Hindi, Spanish  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: SU 10AM-4PM  
 M-F 9AM-6PM

SA 9AM-5PM

### PATEL, SARJAN, MD

Provider Gender: Male  
 License Number: A114976  
 NPI: 1316199326  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Gujarati, Hindi, Spanish  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950  
 Phone: (619) 470-2700  
 Fax: (619) 267-8221  
 After Hours Phone: (619) 470-2700  
 Accepting New Patients: Yes

Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8AM-4:30PM

### PATEL, GITANE, MD

Provider Gender: Male  
 License Number: A108603  
 NPI: 1710171434  
 Provider English Spoken: Y  
 Cultural Competency: Y

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
Phone: (619) 470-2700  
Fax: (619) 267-8221  
After Hours Phone: (619) 470-2700

Accepting New Patients: Yes  
Site English Spoken: Y  
Min/Max Age: 0\None  
Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
Hours: M-F 8AM-4:30PM

### 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  
Provider English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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



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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Phone: (619) 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


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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Cultural Competency: Y*

ACUITY EYE GROUP

 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950


 Phone: (619) 472-1010

Fax: (619) 479-5233

 After Hours Phone: (619)  
472-1010

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 8AM-6PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-5PM

### OCEANSIDE

**KASAI, SARAH, OD**

Provider Gender: Female

License Number: 34226


NPI: 1023406238

Provider English Spoken: Y

Cultural Competency: Y

NORTH COAST OPTOMETRY


 3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

 Phone: (760) 757-8771

 After Hours Phone: (760)  
757-8771

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-TU 9AM-6PM  
W 10AM-7PM  
TH 9AM-6PM  
F 9AM-5PM

**NISKANEN, RACHEL, OD**

Provider Gender: Female

License Number: 34663


NPI: 1467065797


Provider English Spoken: Y

Cultural Competency: Y

NORTH COAST OPTOMETRY


 3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

 Phone: (760) 757-8771

 After Hours Phone: (760)  
757-8771

Accepting New Patients: Yes

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None


Gender Restriction: No Gender

restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
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

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-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

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 8AM-5PM  
SA 8AM-11AM

### SAN DIEGO

#### ACKROYD, ARCHIE, OD

Provider Gender: Male

License Number: 4774

NPI: 1629107172

Provider English Spoken: Y

Cultural Competency: Y

VAN HOOSE OPTOMETRIC CORPORATION

📍 7246 CLAIREMONT MESA BLVD  
SAN DIEGO, CA 92111

📞 Phone: (858) 292-7193  
Fax: (858) 292-8247

🕒 After Hours Phone: (858) 292-7193

Accepting New Patients: Yes

🗂 Site English Spoken: Y

🗂 Site Language(s) Spoken: Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M 8AM-5PM  
TU-TH 9AM-6PM  
F 8AM-5PM

#### ADAMS, MONA, OD

Provider Gender: Female

License Number: 14457

NPI: 1942564521

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

📞 Phone: (858) 309-7702  
Fax: (858) 966-8901

🕒 After Hours Phone: (858) 309-7702

Accepting New Patients: Yes

🗂 Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 7AM-5PM

#### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

Provider Language(s) Spoken:

Spanish, Vietnamese

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

📞 Phone: (858) 565-8822  
Fax: (858) 565-2449

🕒 After Hours Phone: (858)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*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):*

 *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):*

 *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

 *Hours: M-F 7AM-5PM*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista


restriction

American Sign Language (ASL): 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### DAVIS, JADE, OD

Provider Gender: Female

License Number: 11765

NPI: 1457303398

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900

Fax: (888) 210-5799

After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### DAVIS, JADE, OD

Provider Gender: Female

License Number: 11765

NPI: 1457303398

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE  
OPTOMETR

7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 10AM-7PM  
SA 10AM-7PM

### DEAN, MOENA, OD

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)

565-8822

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10AM-6PM  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Site English Spoken: Y  
 Site Language(s) Spoken: Spanish, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 9AM-5PM  
 SA 9AM-1PM

### HO, AMIEE, OD

Provider Gender: Female  
 License Number: 14527  
 NPI: 1396009478  
 Provider English Spoken: Y  
 Cultural Competency: Y

HILLCREST EYE CENTER-UCSD

4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103

Phone: (619) 543-6244  
 Fax: (619) 295-5034

After Hours Phone: (619) 543-6244

Accepting New Patients: Yes

Site English Spoken: Y  
 Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT

PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8AM-4PM

### HO, AMIEE, OD

Provider Gender: Female  
 License Number: 14527  
 NPI: 1396009478  
 Provider English Spoken: Y  
 Cultural Competency: Y

UC SAN DIEGO HEALTH

16950 VIA TAZON  
 SAN DIEGO, CA 92127

Phone: (858) 534-6290  
 Fax: (858) 732-0921

After Hours Phone: (858) 534-6290

Accepting New Patients: Yes  
 Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8AM-5PM

### HO, HOANG, OD

Provider Gender: Male  
 License Number: 12582  
 NPI: 1275684847  
 Provider English Spoken: Y  
 Cultural Competency: Y

HEALTHY I CARE OPTOMETRY

10737 CAMINO RUIZ STE 220

SAN DIEGO, CA 92126  
 Phone: (619) 590-1994

After Hours Phone: (619) 590-1994

Accepting New Patients: Yes

Site English Spoken: Y  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: TH-F 9AM-5PM

### HOANG, KEVIN, OD

Provider Gender: Male  
 License Number: 34401  
 NPI: 1790339216  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
 SAN DIEGO, CA 92105

Phone: (619) 284-3937  
 Fax: (619) 284-3938

After Hours Phone: (619) 284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

<p> <i>Site Languages(s) Spoken:</i> Spanish, Vietnamese  <i>Min/Max Age:</i> 0\None  <i>Gender Restriction:</i> No Gender restriction  <i>American Sign Language (ASL):</i> N</p>	<p><i>PROVIDER</i>  <i>Public transportation (within 1/2 mile from Site):</i> 1T   <i>Hours:</i> M-F 9AM-5PM  SA 9AM-1PM</p>	<p><i>NPI:</i> 1275566010  <i>Provider English Spoken:</i> Y  <i>Provider Language(s) Spoken:</i> Spanish  <i>Cultural Competency:</i> Y  HILLCREST EYE  CENTER-UCSD</p>
<p> <i>Accessibility:</i> CONTACT PROVIDER  <i>Public transportation (within 1/2 mile from Site):</i> 1T   <i>Hours:</i> M-F 9AM-5PM  SA 9AM-1PM</p>	<p><b>HOM, GREGORY, OD</b>  <i>Provider Gender:</i> Male  <i>License Number:</i> 9694  <i>NPI:</i> 1154473916  <i>Provider English Spoken:</i> Y  <i>Cultural Competency:</i> Y  GREGORY G HOM OD</p>	<p> 4060 4TH AVE STE 610  SAN DIEGO, CA 92103   <i>Phone:</i> (619) 543-6244  <i>Fax:</i> (619) 295-5034   <i>After Hours Phone:</i> (619) 543-6244</p>
<p><b>HOFFMAN, STEVEN, OD</b>  <i>Provider Gender:</i> Male  <i>License Number:</i> 34561  <i>NPI:</i> 1033736079  <i>Provider English Spoken:</i> Y  <i>Cultural Competency:</i> Y</p>	<p> 11230 SORRENTO VLY RD  STE 145  SAN DIEGO, CA 92121   <i>Phone:</i> (858) 535-9835  <i>Fax:</i> (858) 535-1266   <i>After Hours Phone:</i> (858) 535-9835</p>	<p><i>Accepting New Patients:</i> Yes   <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</p>
<p>JASMINE P NGUYEN OD INC   4029 43RD ST STE 300  SAN DIEGO, CA 92105   <i>Phone:</i> (619) 284-3937  <i>Fax:</i> (619) 284-3938   <i>After Hours Phone:</i> (619) 284-3937</p>	<p><i>Accepting New Patients:</i> Yes   <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</p>	<p> <i>Accessibility:</i> CONTACT PROVIDER  <i>Public transportation (within 1/2 mile from Site):</i> 1T   <i>Hours:</i> M-F 8AM-4PM</p>
<p><i>Accepting New Patients:</i> Yes   <i>Site English Spoken:</i> Y   <i>Site Languages(s) Spoken:</i> Spanish, Vietnamese  <i>Min/Max Age:</i> 0\None  <i>Gender Restriction:</i> No Gender restriction  <i>American Sign Language (ASL):</i> N</p>	<p> <i>Accessibility:</i> CONTACT PROVIDER  <i>Public transportation (within 1/2 mile from Site):</i> 1U   <i>Hours:</i> M-TH 9AM-5PM  F 9AM-4PM</p>	<p><b>HUANG, GRACE, OD</b>  <i>Provider Gender:</i> Female  <i>License Number:</i> 35485  <i>NPI:</i> 1013605526  <i>Provider English Spoken:</i> Y  <i>Cultural Competency:</i> Y  WEST COAST EYE CARE</p>
<p> <i>Accessibility:</i> CONTACT</p>	<p><b>HOO, PAMELA, OD</b>  <i>Provider Gender:</i> Female  <i>License Number:</i> 11033</p>	<p> 6945 EL CAJON BLVD  SAN DIEGO, CA 92115   <i>Phone:</i> (619) 697-4600  <i>Fax:</i> (619) 697-2410</p>

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

☎ *After Hours Phone: (619) 697-4600*

*Accepting New Patients: Yes*

☑ *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M 7:30AM-4:30PM  
TU 8AM-5PM  
W 8:30AM-5PM  
TH 8AM-6PM  
F 8AM-4PM*

### **HUANG, GRACE, OD**

*Provider Gender: Female*

*License Number: 35485*

*NPI: 1013605526*

*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*

### **HUDSON, HENRY, MD**

*Provider Gender: Male*

*License Number: G76091*

*NPI: 1851349195*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

📍 *6945 EL CAJON BLVD  
SAN DIEGO, CA 92115*

☎ *Phone: (619) 697-4600*

*Fax: (619) 697-2410*

☎ *After Hours Phone: (619) 697-4600*

*Accepting New Patients: Yes*

☑ *Site English Spoken: Y  
Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

🕒 *Hours: M 7:30AM-4:30PM*

*TU 8AM-5PM*

*W 8:30AM-5PM*

*TH 8AM-6PM*

*F 8AM-4PM*

### **HUSTANA, LARA, OD**

*Provider Gender: Female*

*License Number: 11472*

*NPI: 1235161597*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: French*

*Cultural Competency: Y*

**HILLCREST EYE**

**CENTER-UCSD**

📍 *4060 4TH AVE STE 610  
SAN DIEGO, CA 92103*

☎ *Phone: (619) 543-6244*

*Fax: (619) 295-5034*

☎ *After Hours Phone: (619) 543-6244*

*Accepting New Patients: Yes*

☑ *Site English Spoken: Y*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

🕒 *Hours: M-F 8AM-4PM*

### **HUYNH, LOAN, OD**

*Provider Gender: Female*

*License Number: 34472*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

NPI: 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 Language(s) Spoken:  
Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 9AM-4PM

TU 7AM-1PM

W-TH 10AM-6PM

F 10AM-3PM

SA 9AM-2PM

### 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 Language(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


4844 UNIVERSITY AVE STE  
A

SAN DIEGO, CA 92105

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 Phone: (619) 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

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







Provider Language(s) Spoken: Arabic

Cultural Competency: Y

WEST COAST EYE CARE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista




 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 Languages(s) Spoken:  
 Spanish, Vietnamese  
 Min/Max Age: 0\None

Gender Restriction: No Gender  
 restriction

American Sign Language (ASL):  
 N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-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):*

 *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):*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-TH 8AM-5PM  
F 8AM-4PM*

### **KHIEU, TINA, OD**

*Provider Gender: Female*

*License Number: 34777*

*NPI: 1962031617*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**WEST COAST EYE CARE**

 6945 EL CAJON BLVD

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

### **KHIEU, TINA, OD**

Provider Gender: Female  
License Number: 34777  
NPI: 1962031617  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE  
📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
☎ Phone: (858) 565-8822  
Fax: (858) 565-2449  
🕒 After Hours Phone: (858) 565-8822  
Accepting New Patients: Yes  
🗨 Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender restriction  
American Sign Language (ASL): 🕒 N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M 10AM-6PM  
TU 8:30AM-5PM  
W 7:30AM-4PM  
TH 9:30AM-5PM  
F 8AM-4PM

### **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

### **KLAREN, AMANDA, OD**

Provider Gender: Female  
License Number: 12617  
NPI: 1396876611  
Provider English Spoken: Y


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Cultural Competency: Y*


**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, 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 Language(s) Spoken:  
Spanish, Vietnamese


Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

 Hours: M-TU 9AM-5PM

W 10AM-6PM

TH 9AM-5PM

F 10AM-6PM

### **LAU, KUEN CHINE, OD**

Provider Gender: Male

License Number: 11166

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

NPI: 1821001645

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900

Fax: (888) 210-5799

After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### LAU, KUEN CHINE, OD

Provider Gender: Male

License Number: 11166

NPI: 1821001645

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE

OPTOMETR

7007 FRIARS RD STE 351

SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

Accepting New Patients: Yes

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 10AM-7PM  
SA 10AM-7PM

### LAU, KUEN CHINE, OD

Provider Gender: Male

License Number: 11166

NPI: 1821001645

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

Phone: (619) 297-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
297-2020

Accepting New Patients: Yes

Site English Spoken: Y

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F 9:30AM-6PM  
SA 9AM-3PM

### LEE, JASON, OD

Provider Gender: Male

License Number: 14881

NPI: 1679985584

Provider English Spoken: Y

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

**PROVIDER**  
Public transportation (within 1/2 mile from Site): 1U  
🕒 Hours: M-F 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

Provider English Spoken: Y







Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: Y




SEE KLEER EYECARE CENTER  
📍 9580 BLACK MOUNTAIN  
RD STE J




Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista


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 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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 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

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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL): License Number: A125435

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-4PM

### MOOR, TRACY, OD

Provider Gender: Female

License Number: 35085


NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

UC SAN DIEGO HEALTH

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (858) 534-6290

Fax: (858) 732-0921

 After Hours Phone: (858) 534-6290

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F 8AM-5PM

### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

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

Provider English Spoken: Y

Provider Language(s) Spoken:

Spanish





Cultural Competency: Y

SD VISION CARE OPTOMETRY

 3807 FAIRMOUNT AVE STE  
200

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.




## J. Directorio de proveedores de la vista: servicios oculares y de la vista



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, THANH, OD

Provider Gender: Female  
 License Number: 13126  
 NPI: 1992813323  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: Y

### SABRE SPRINGS OPTOMETRY

 12650 SABRE SPGS PKWY STE 203  
 SAN DIEGO, CA 92128  
 Phone: (858) 748-1265  
 Fax: (844) 269-9527  
 After Hours Phone: (858) 748-1265  
 Accepting New Patients: Yes  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Vietnamese  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*American Sign Language (ASL): Public transportation (within 1/2 mile from Site): 1T*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1U*

 *Hours: M-TU 9AM-5PM  
W 10AM-6PM  
TH 9AM-5PM  
F 10AM-6PM*

### **NGUYEN, JASMINE, OD**

*Provider Gender: Female*

*License Number: 11189*


*NPI: 1497896922*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: Vietnamese*

*Cultural Competency: Y*

**JASMINE P NGUYEN OD INC**

 4029 43RD ST STE 300  
SAN DIEGO, CA 92105


 *Phone: (619) 284-3937*

*Fax: (619) 284-3938*

 *After Hours Phone: (619) 284-3937*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Language(s) Spoken: Spanish, Vietnamese*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 9AM-5PM  
SA 9AM-1PM*

### **NGUYEN, THANH, OD**

*Provider Gender: Female*

*License Number: 13126*

*NPI: 1992813323*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: Vietnamese*

*Cultural Competency: Y*

**JASMINE P NGUYEN OD INC**

 4029 43RD ST STE 300  
SAN DIEGO, CA 92105


 *Phone: (619) 284-3937*

*Fax: (619) 284-3938*

 *After Hours Phone: (619) 284-3937*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site 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*

### **NGUYEN, VIET, OD**

*Provider Gender: Male*

*License Number: 35481*


*NPI: 1861170573*


*Provider English Spoken: Y*

*Provider Language(s) Spoken: Vietnamese*

*Cultural Competency: Y*

**JASMINE P NGUYEN OD INC**

 4029 43RD ST STE 300  
SAN DIEGO, CA 92105


 *Phone: (619) 284-3937*

*Fax: (619) 284-3938*

 *After Hours Phone: (619) 284-3937*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*


 *Site 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*

### **O HALLORAN, HENRY, MD**

*Provider Gender: Male*

*License Number: A73282*

*NPI: 1235287947*

*Provider English Spoken: Y*

*Provider Language(s) Spoken:*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista


*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 restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within*

*1/2 mile from Site): 1U*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

🕒 *Hours: M 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*

*License Number: 10403*

*NPI: 1730240052*

*Provider English Spoken: Y*

*Cultural Competency: Y*

**SAN DIEGO EYE CLINIC  
OPTOMETRY**

📍 3560 FAIRMOUNT AVE STE

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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  
Accepting New Patients: Yes  
📄 Site English Spoken: Y  
Min/Max Age: 0\None  
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  
Gender Restriction: No Gender restriction  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Public transportation (within

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## J. Directorio de proveedores de la vista: servicios oculares y de la vista

1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### SHULKIN, MITCHELL, OD

Provider Gender: Male

License Number: 8153

NPI: 1770531865

Provider English Spoken: Y

Cultural Competency: Y

NORTH COUNTY OPTOMETRY

📍 11835 CARMEL MTN RD  
STE 1313

SAN DIEGO, CA 92128

📞 Phone: (858) 674-1276

Fax: (858) 674-5863

🕒 After Hours Phone: (858)  
674-1276

Accepting New Patients: Yes

🗨️ Site English Spoken: Y

🗨️ Site Languages(s) Spoken:  
Tagalog

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 9AM-4PM  
TU 7AM-1PM  
W-TH 10AM-6PM  
F 10AM-3PM  
SA 9AM-2PM

### TA, TRANG, OD

Provider Gender: Female

License Number: 12100

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

OPTOM-EYES VISION CARE

OPTOMETRY

📍 5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

📞 Phone: (619) 295-2900

Fax: (888) 210-5799

🕒 After Hours Phone: (619)  
295-2900

Accepting New Patients: Yes

🗨️ Site English Spoken: Y

🗨️ Site Languages(s) Spoken:  
Spanish

Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F 9AM-5:30PM  
SA 9AM-3PM

### TAM, MAY, OD

Provider Gender: Female

License Number: 11960

NPI: 1548255896

Provider English Spoken: Y


Provider Language(s) Spoken:  
Spanish


Cultural Competency: Y

FASHION VALLEY EYE CARE  
OPTOMETR

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 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

### TAM, MAY, OD

Provider Gender: Female

License Number: 11960

NPI: 1548255896


Provider English Spoken: Y

Provider Language(s) Spoken:  
Spanish

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

 Phone: (619) 297-2020  
Fax: (888) 210-5799

 After Hours Phone: (619)

297-2020

Accepting New Patients: Yes


Site English Spoken: Y  
Min/Max Age: 0\None

Gender Restriction: No Gender  
restriction

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

 Hours: M-F 9:30AM-6PM  
SA 9AM-3PM

### TILLMAN, SYLVIA, OD

Provider Gender: Female


License Number: 9726


NPI: 1174730824

Provider English Spoken: Y

Cultural Competency: Y

JASMINE P NGUYEN OD INC

 4029 43RD ST STE 300  
SAN DIEGO, CA 92105

 Phone: (619) 284-3937  
Fax: (619) 284-3938

 After Hours Phone: (619)  
284-3937

Accepting New Patients: Yes

Site English Spoken: Y

Site 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  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

F 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  
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

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 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

 Site English Spoken: Y

Min/Max Age: 0\None

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 1/2 mile from Site): 1T

 Hours: M 10AM-3PM  
W 10AM-3PM  
F 10AM-5PM  
SA 9AM-1PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

### **VAN HOOSE, MARC, OD**

*Provider Gender: Male*

*License Number: 12667*

*NPI: 1932280054*

*Provider English Spoken: Y*

*Provider Language(s) Spoken:*


*Spanish*

*Cultural Competency: Y*

### **VAN HOOSE OPTOMETRIC CORPORATION**

 7246 CLAIREMONT MESA BLVD

SAN DIEGO, CA 92111


 *Phone: (858) 292-7193*

*Fax: (858) 292-8247*

 *After Hours Phone: (858) 292-7193*

*Accepting New Patients: Yes*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish*

*Min/Max Age: 0\None*

*Gender Restriction: No Gender restriction*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M 8AM-5PM*

*TU-TH 9AM-6PM*

*F 8AM-5PM*

### **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


 *Phone: (619) 291-5505*

*Fax: (619) 291-4404*

 *After Hours Phone: (619) 291-5505*

*Accepting New Patients: Yes*



 *Site English Spoken: Y*

 *Site Languages(s) Spoken:*

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

*Spanish*  
 Min/Max Age: 0\None  
 Gender Restriction: No Gender restriction  
 American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: 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  
 NPI: 1952659203

Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE


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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

 Phone: (858) 565-8822

Fax: (858) 565-2449

 After Hours Phone: (858)  
565-8822

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None

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



Gender Restriction: No Gender  
restriction

American Sign Language (ASL):

N

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## J. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 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  
SAN MARCOS, CA 92078


 *Phone: (760) 736-0020*  
*Fax: (760) 736-0019*

 *After Hours Phone: (760)*

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista




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

**KALRA, ANKUR, OD**  
 Provider Gender: Male  
 License Number: 11898

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## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista


Min/Max Age: 0\None

Gender Restriction: No Gender restriction

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 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

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

## VISTA

### DEMLINGER, GLENN, OD

Provider Gender: Male

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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  
 Phone: (760) 753-3665  
 Fax: (408) 969-1653  
 After Hours Phone: (760)

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## J. Directorio de proveedores de la vista: servicios oculares y de la vista

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753-3665

Accepting New Patients: Yes

 Site English Spoken: Y

Min/Max Age: 0\None


Gender Restriction: No Gender restriction

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER










Public transportation (within 1/2 mile from Site): 1T

 Hours: M-TH 10AM-5PM

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Tabla de población de enfoque (POF) de ECM

Población de enfoque de ECM			Adulto	Niños y jóvenes
	1	Personas sin hogar	✓	✓
	2	Personas en riesgo de utilización evitable de hospitales o salas de urgencias ( <i>formalmente denominados "altos usuarios"</i> )	✓	✓
	3	Personas con necesidades de trastornos graves de salud mental o por consumo de sustancias	✓	✓
	4	Individuos en transición del encarcelamiento	✓	✓
	5	Adultos que viven en la comunidad y están en riesgo de institucionalización para cuidados a largo plazo (LTC)	✓	
	6	Residentes de centros de enfermería para adultos en transición a la comunidad	✓	
	7	Niños y jóvenes inscritos en California Children's Services (CCS) o CCS Whole Child Model (WCM) con necesidades adicionales más allá de la condición de CCS		✓
	8	Niños y jóvenes que reciben bienestar del menor		✓
	9	Población de enfoque con equidad de natalidad	✓	✓

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

### CORONA

#### TANGELO

1701 N DELILAH ST  
CORONA, CA 92879  
Phone: (904) 671-2995  
After Hours Phone: (904) 671-2995  
Accessibility: CONTACT PROVIDER  
Website: N/A  
Community Supports Services:  
Medically-Supportive  
Food/Meals/Medically  
Tailored Meals  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: CHRIS.OCONNOR@JOINTANGELO.COM  
Phone for New Referrals and Existing Patients: (904) 671-2995

Phone: (323) 203-0070  
After Hours Phone: (323) 203-0070  
Accessibility: CONTACT PROVIDER  
Website: N/A  
ECM Population of Focus:



Community Supports Services:  
Housing Deposits, Housing  
Tenancy and Sustaining  
Services, Housing Transition  
Navigation Services  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: ecm@mymedzed.com  
Phone for New Referrals and Existing Patients: (323) 203-0070

### CULVER CITY

#### MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE  
STE 465  
CULVER CITY, CA 90230

#### MEDZED PHYSICIAN SERVICES INC

300 CORPORATE POINTE

STE 465  
CULVER CITY, CA 90230  
Phone: (323) 203-0070  
After Hours Phone: (323) 203-0070  
Accessibility: CONTACT PROVIDER  
Website: N/A  
ECM Population of Focus:



Community Supports Services:  
Housing Deposits, Housing  
Tenancy and Sustaining  
Services, Housing Transition  
Navigation Services  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: ecm@mymedzed.com  
Phone for New Referrals and Existing Patients: (323) 203-0070

### EL CAJON

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

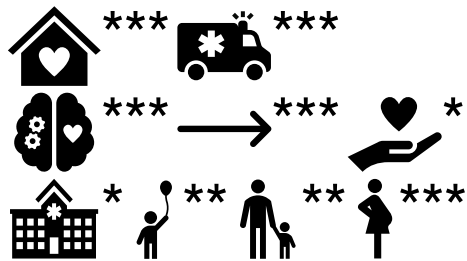
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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

### LA MAESTRA COMMUNITY HEALTH CENTERS

 165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 510-4641  
 After Hours Phone: (619)  
510-4641  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

ECM Population of Focus:



Community Supports Services: N/A  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG  
Phone for New Referrals and Existing Patients: (619) 510-4641

Mailing Address: 4060 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





\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

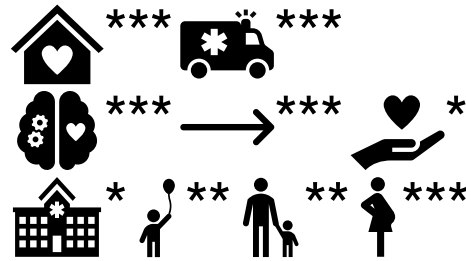
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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

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

ECM Population of Focus:



Community Supports Services: N/A  
 Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [referrals@sdweillnesscollaborative.org](mailto:referrals@sdweillnesscollaborative.org)  
 Phone for New Referrals and Existing Patients: (619) 273-3295

Mailing Address: 1084 N EL CAMINO REAL STE B-149; Encinitas; CA; 92024

JI ECM Provider Billing- FFS (PAVE Enrollment)  
 JI ECM Provider  
 Services-Pre-Release Services and Participating in Warm Handoffs; JI ECM Provider  
 Services-Warm Handoffs Only





### 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

### ESCONDIDO

#### TITANIUM HEALTHCARE

 500 LA TERRAZA BLVD STE 150  
 ESCONDIDO, CA 92025  
 Phone: (310) 280-5203  
 After Hours Phone: (310) 280-5203  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services  
 Street Medicine Provider: N  
 Phone for New Referrals and Existing Patients: (310) 280-5203

#### TITANIUM HEALTHCARE


 500 LA TERRAZA BLVD STE 150  
 ESCONDIDO, CA 92025  
 Phone: (310) 280-5203  
 After Hours Phone: (310) 280-5203

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños




† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider: N*  
*Phone for New Referrals and Existing Patients: (310) 280-5203*



### INTERFAITH COMMUNITY SERVICES

 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025  
 *Phone: (760) 489-6380*  
 *After Hours Phone: (760) 489-6380*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services, Recuperative Care*

*(Medical Respite), Short-Term Post-Hospitalization Housing*  
*Street Medicine Provider: N*  
*Phone for New Referrals and Existing Patients: (760) 489-6380*

### IMPERIAL BEACH

#### IMPERIAL BEACH HEALTH CENTER

 949 PALM AVE  
 IMPERIAL BEACH, CA 91932  
 *Phone: (619) 429-3733*  
 *After Hours Phone: (619) 429-3733*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: ibclinic.org*  
*ECM Population of Focus:*








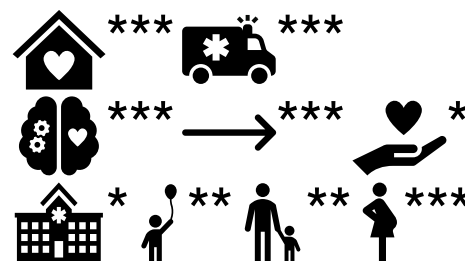
*Community Supports Services:*

*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

#### LA MAESTRA COMMUNITY HEALTH CENTERS

 7967 BROADWAY  
 LEMON GROVE, CA 91945  
 *Phone: (619) 510-4641*  
 *After Hours Phone: (619) 510-4641*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*ECM Population of Focus:*



\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Community Supports Services: N/A

Street Medicine Provider: N  
Email for New Referrals and Existing Patients: ECM.CS@LAMA.OSTRA.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

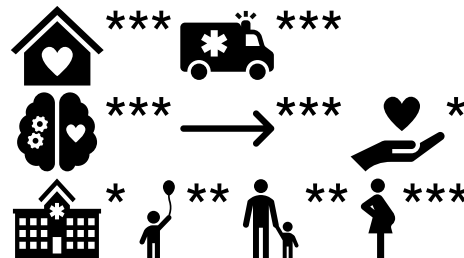
### LA MAESTRA COMMUNITY HEALTH CENTERS

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@LAMA.OSTRA.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

### 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

### SERENE HEALTH

7614 LEMON AVE STE C  
LEMON GROVE, CA 91945

Phone: (619) 354-1409

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

 After Hours Phone: (619) 354-1409

 Accessibility: CONTACT PROVIDER

 Website: N/A

Community Supports Services: Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services

Street Medicine Provider: N


Email for New Referrals and Existing Patients: [andrea@serenehealth.com](mailto:andrea@serenehealth.com)


Phone for New Referrals and Existing Patients: (619) 354-1409


### LOS ANGELES

#### EXODUS RECOVERY INC

 1902 MARENGO ST STE 107 LOS ANGELES, CA 90033

 Phone: (323) 276-6471

 After Hours Phone: (323) 276-6471

 Hours: M-F 7:30AM-4PM

 Accessibility: CONTACT 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 PROVIDER

 Website: N/A

Community Supports Services:

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños


† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

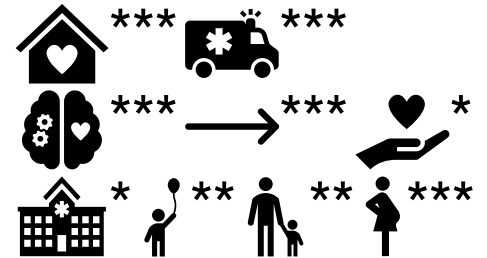
*Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services*  
*Street Medicine Provider: N*  
*Phone for New Referrals and Existing Patients: (323) 789-6492*

*Community Supports Services: N/A*  
*Street Medicine Provider: N*  
*Email for New Referrals and Existing Patients: ECM.CS@LAMA.OSTRA.ORG*  
*Phone for New Referrals and Existing Patients: (619) 510-4641*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


*ECM Population of Focus:*




### NATIONAL CITY


#### LA MAESTRA COMMUNITY HEALTH CENTERS

 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

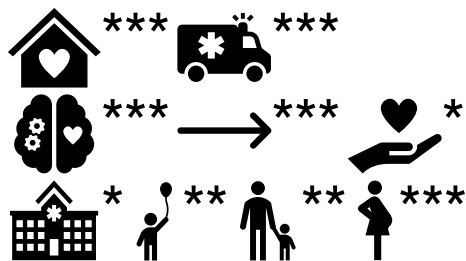
 *Phone: (619) 510-4641*

 *After Hours Phone: (619) 510-4641*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

*ECM Population of Focus:*



*Mailing Address: 4060 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*

*Community Supports Services: N/A*

*Street Medicine Provider: N*


*Email for New Referrals and Existing Patients: ECM.CS@LAMA.OSTRA.ORG*


*Phone for New Referrals and Existing Patients: (619) 510-4641*

*Mailing Address: 4060 FAIRMO UNT AVE; SAN DIEGO; CA; 92105*

#### LA MAESTRA COMMUNITY HEALTH CENTERS

 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

 *Phone: (619) 510-4641*

 *After Hours Phone: (619) 510-4641*

*JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services*

*Phone: (619) 510-4641*

*Services-Pre-Release Services*

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

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

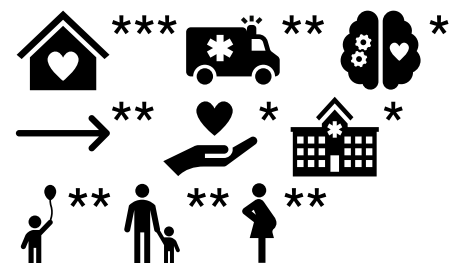
Phone: (888) 749-8877

After Hours Phone: (888) 749-8877

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:

N/A

Street Medicine Provider: N

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Email for New Referrals and Existing Patients: [network@fullcirclehn.org](mailto:network@fullcirclehn.org)

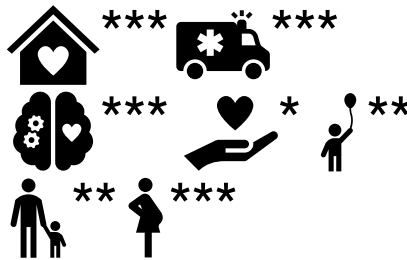
Phone for New Referrals and Existing Patients: (888) 749-8877

Mailing Address: 2201 K ST; SAC RAMENTO; CA; 95816

JI ECM Provider Billing- FFS (PAVE Enrollment)

JI ECM Provider

Services-Pre-Release Services and Participating in Warm Handoffs



Community Supports Services:

Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services

Street Medicine Provider: N

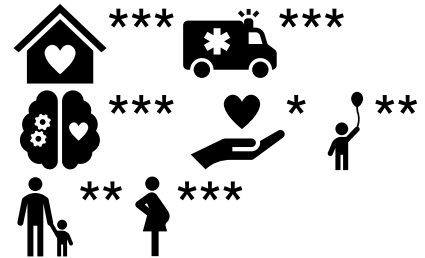
Email for New Referrals and Existing Patients: [mhammel@comresearch.org](mailto:mhammel@comresearch.org)

Phone for New Referrals and Existing Patients: (619) 507-9333

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:

Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation Services

Street Medicine Provider: N

Email for New Referrals and Existing Patients: [mhammel@comresearch.org](mailto:mhammel@comresearch.org)

Phone for New Referrals and Existing Patients: (619) 507-9333

### 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:

#### 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

#### HEALTHY CONNECT SAN DIEGO

3570 CAMINO DEL RIO N  
SAN DIEGO, CA 92108

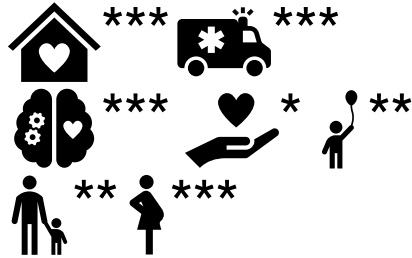
\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

 Phone: (619) 507-9333  
 After Hours Phone: (619) 507-9333  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 ECM Population of Focus:

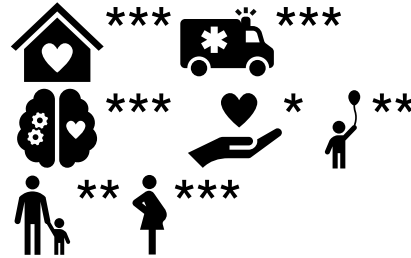


Community Supports Services: N/A  
 Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [mhammel@comresearch.org](mailto:mhammel@comresearch.org)  
 Phone for New Referrals and Existing Patients: (619) 507-9333

### HEALTHY CONNECT SAN DIEGO

 3570 CAMINO DEL RIO N  
 SAN DIEGO, CA 92108




 Phone: (619) 507-9333  
 After Hours Phone: (619) 507-9333  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 ECM Population of Focus:



Community Supports Services: N/A  
 Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [mhammel@comresearch.org](mailto:mhammel@comresearch.org)  
 Phone for New Referrals and Existing Patients: (619) 507-9333






### HORIZON RECUPERATIVE CARE

 3423 CHANNEL WAY  
 SAN DIEGO, CA 92110

 Phone: (858) 326-1100  
 After Hours Phone: (858) 326-1100  
 Accessibility: CONTACT PROVIDER  
 Website: [www.horizoncenters.org](http://www.horizoncenters.org)

Community Supports Services: Recuperative Care (Medical Respite), Short-Term Post-Hospitalization Housing  
 Street Medicine Provider: N  
 Phone for New Referrals and Existing Patients: (858) 326-1100

### IMPERIAL BEACH HEALTH CENTER

 1016 OUTER RD  
 SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733  
 Accessibility: CONTACT PROVIDER  
 Website: [ibclinic.org](http://ibclinic.org)  
 ECM Population of Focus:



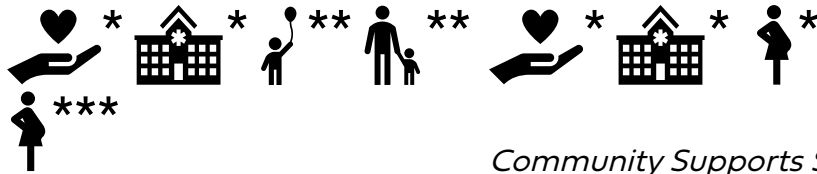
\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)



**Community Supports Services:** N/A  
**Street Medicine Provider:** N  
**Email for New Referrals and Existing Patients:** [tsadlowski@ibclinic.org](mailto:tsadlowski@ibclinic.org)  
**Phone for New Referrals and Existing Patients:** (619) 429-3733

### 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  
**Street Medicine Provider:** N  
**Email for New Referrals and Existing Patients:** [calaim@jfssd.org](mailto:calaim@jfssd.org)  
**Phone for New Referrals and Existing Patients:** (858) 637-3221

### JEWISH FAMILY SERVICE OF SAN DIEGO

8804 BALBOA AVE  
 SAN DIEGO, CA 92123  
**Phone:** (858) 637-3221  
**After Hours Phone:** (858) 637-3221  
**Accessibility:** CONTACT PROVIDER

**Website:** N/A  
**ECM Population of Focus:**



**Community Supports Services:** Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition Navigation  
**Street Medicine Provider:** N  
**Email for New Referrals and Existing Patients:** [calaim@jfssd.org](mailto:calaim@jfssd.org)  
**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)

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños




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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

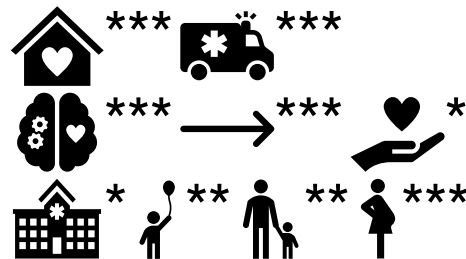
233-6262  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*Community Supports Services: Medically-Supportive Food/Meals/Medically Tailored Meals*  
*Street Medicine Provider: N*  
*Phone for New Referrals and Existing Patients: (619) 233-6262*

### MCALISTER INSTITUTE

 2506 MARKET ST  
 SAN DIEGO, CA 92102  
 *Phone: (916) 442-0277*  
 *After Hours Phone: (916) 442-0277*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*  
*Community Supports Services: Sobering Centers*  
*Street Medicine Provider: N*  
*Phone for New Referrals and Existing Patients: (916) 442-0277*

### 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.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

 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:*

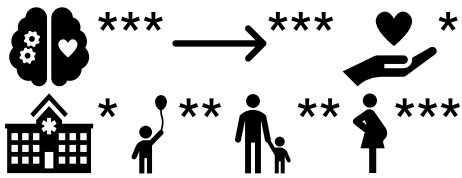


\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)



*Community Supports Services:  
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*

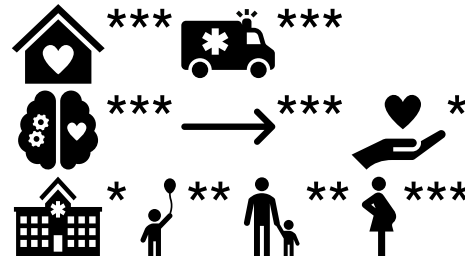
*Phone for New Referrals and Existing Patients: (619) 510-4641*

*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 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*

510-4641

*Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105  
JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment) JI ECM Provider Services-Pre-Release Services and Participating in Warm Handoffs*

### LA MAESTRA COMMUNITY HEALTH CENTERS

4074 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
 Phone: (619) 510-4641  
 After Hours Phone: (619) 510-4641  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

*ECM Population of Focus:*



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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

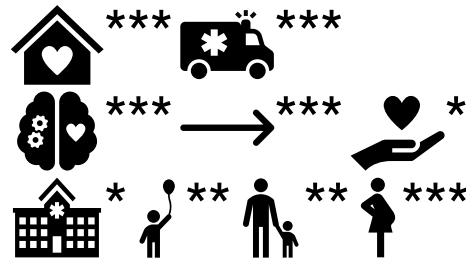
4157 FAIRMOUNT AVE

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

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

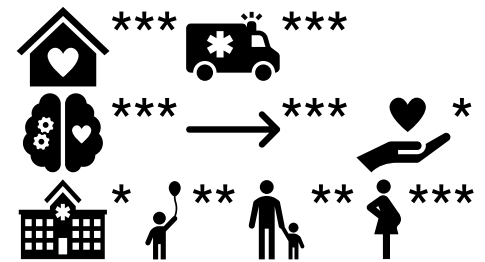
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SAN DIEGO, CA 92105  
Phone: (619) 510-4641  
After Hours Phone: (619)  
510-4641

Accessibility: CONTACT  
PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services:  
N/A

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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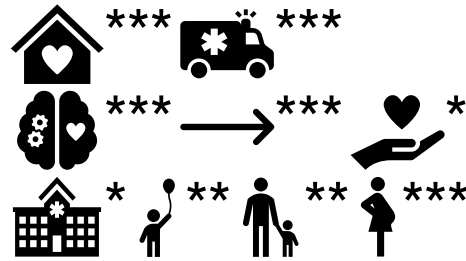
## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: 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

### 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.ORG  
 Phone for New Referrals and Existing Patients: (619) 510-4641  
 Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105  
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Handoffs

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 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.ORG  
 Phone for New Referrals and

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Existing Patients: (619)

510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

Jl ECM Provider Billing- Direct

Contract with Correctional Facilities; Jl ECM Provider

Billing- FFS (PAVE Enrollment)

Jl ECM Provider

Services-Pre-Release Services and Participating in Warm Handoffs

### LA MAESTRA

### COMMUNITY HEALTH CENTERS

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

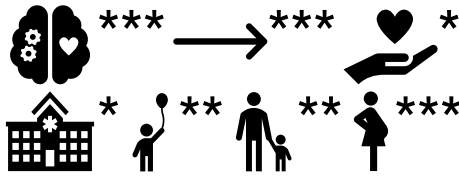
Phone: (619) 510-4641

After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



Community Supports Services: N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: ECM.CS@LAMAESTRA.ORG

Phone for New Referrals and Existing Patients: (619)

510-4641

Mailing Address: 4060 FAIRMOUNT AVE; SAN DIEGO; CA; 92105

Jl ECM Provider Billing- Direct

Contract with Correctional Facilities; Jl ECM Provider

Billing- FFS (PAVE Enrollment)

Jl ECM Provider

Services-Pre-Release Services and Participating in Warm Handoffs

### LA MAESTRA

### COMMUNITY HEALTH

### CENTERS

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

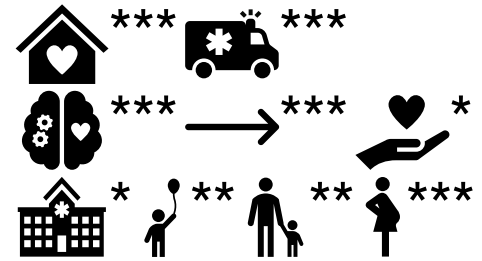
Phone: (619) 510-4641

After Hours Phone: (619) 510-4641

Accessibility: CONTACT PROVIDER

Website: N/A

ECM Population of Focus:



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

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños




† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

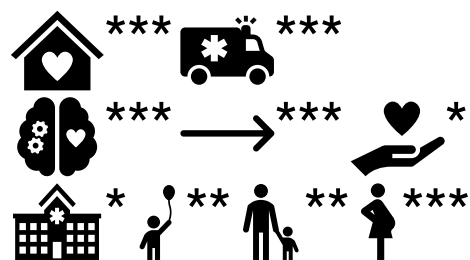
Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en blueshieldca.com/promise/medi-cal. La información en este directorio de proveedores está sujeta a cambios.

## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

*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:

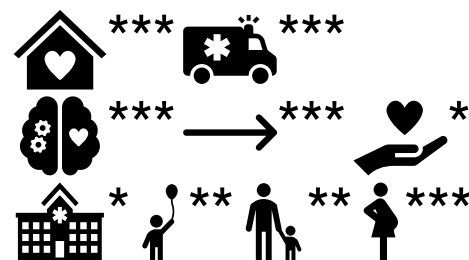


*Community Supports Services: N/A  
Street Medicine Provider: N  
Email for New Referrals and Existing Patients: ECM.CS@LAMA ESTRA.ORG  
Phone for New Referrals and Existing Patients: (619) 510-4641  
Mailing Address: 4060 FAIRMOUNT AVE;SAN DIEGO;CA;92105  
Jl ECM Provider Billing- Direct Contract with 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

 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@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*

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños


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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)





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 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:



\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

Community Supports Services:  
N/A

Street Medicine Provider: N  
Phone for New Referrals and  
Existing Patients: (858)  
810-8700

### SERENE HEALTH

3625 RUFFIN RD STE 206  
SAN DIEGO, CA 92123

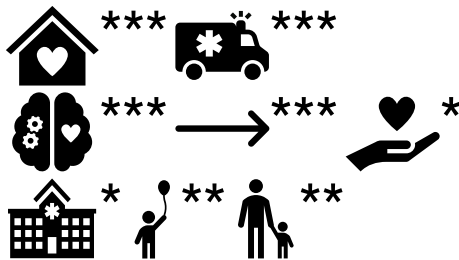
Phone: (619) 354-1409

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

JI ECM Provider Billing- FFS  
(PAVE Enrollment)

JI ECM Provider

Services-Warm Handoffs Only

### SERENE HEALTH

3625 RUFFIN RD STE 206  
SAN DIEGO, CA 92123

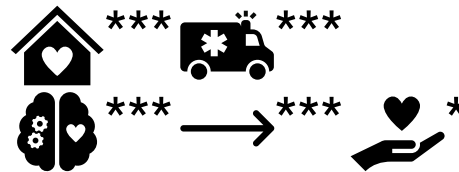
Phone: (619) 354-1409

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

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

### VOLUNTEERS OF AMERICA SOUTHWEST CALIFORNIA INCORPORATION





3530 CAMINO DEL RIO N  
STE 300  
SAN DIEGO, CA 92108

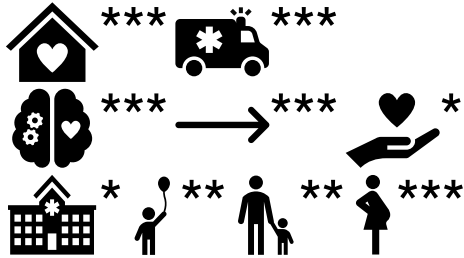
\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)


 Phone: (619) 398-4585  
 After Hours Phone: (619) 398-4585  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 ECM Population of Focus:

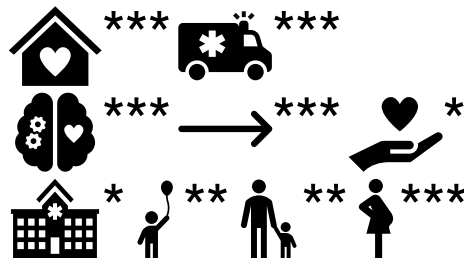


Community Supports Services:  
 N/A  
 Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [ecm@voasw.org](mailto:ecm@voasw.org)  
 Phone for New Referrals and Existing Patients: (619) 398-4585  
 Mailing Address: 3530 CAMINO DEL RIO N STE 300; San Diego; CA; 92108  
 JI ECM Provider Billing- FFS (PAVE Enrollment)

JI ECM Provider  
 Services-Pre-Release Services and Participating in Warm Handoffs

### FAMILY HEALTH CENTERS OF SAN DIEGO




 823 GATEWAY CENTER WAY  
 SAN DIEGO, CA 92102  
 Phone: (619) 876-4450  
 After Hours Phone: (619) 876-4450  
 Accessibility: CONTACT PROVIDER  
 Website: N/A  
 ECM Population of Focus:



Community Supports Services:  
 Housing Deposits, Housing Tenancy and Sustaining Services, Housing Transition

Navigation Services  
 Street Medicine Provider: N  
 Email for New Referrals and Existing Patients: [CalAIMReferrals@fhcsd.org](mailto:CalAIMReferrals@fhcsd.org)  
 Phone for New Referrals and Existing Patients: (619) 876-4450  
 Mailing Address: 823 GATEWAY CENTER WAY; SAN DIEGO; CA; 92102  
 JI ECM Provider Billing- Direct Contract with Correctional Facilities; JI ECM Provider Billing- FFS (PAVE Enrollment)  
 JI ECM Provider  
 Services-Pre-Release Services and Participating in Warm 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

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

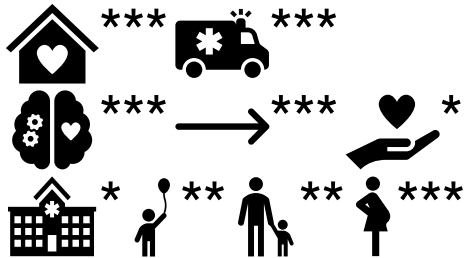
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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

 *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 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*

### 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*

### 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*

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

† La gestión de atención ampliada (ECM) y los apoyos comunitarios requieren una autorización previa y están limitados a los miembros que cumplen con criterios de elegibilidad específicos. La medicina callejera, o salud callejera, es la práctica de brindar atención médica a las personas sin hogar.

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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

ECM Population of Focus:



Community Supports Services:  
Housing Tenancy and

Sustaining Services, Housing

Transition Navigation Services

Street Medicine Provider: N

Email for New Referrals and Existing Patients: [ecm@211sandiego.org](mailto:ecm@211sandiego.org)

Phone for New Referrals and Existing Patients: (858) 380-5750

### LIGHTBRIDGE HOSPICE LLC

6155 CORNERSTONE CT E  
STE 220

SAN DIEGO, CA 92121

Phone: (858) 458-2992

After Hours Phone: (858) 458-2992

Site Language(s) Spoken:  
Spanish, Tagalog

Hours: M-F 8AM-5PM

Accessibility: CONTACT

PROVIDER

Website: [www.LIGHTBRIDGEHOSPICE.com](http://www.LIGHTBRIDGEHOSPICE.com)

ECM Population of Focus:



Community Supports Services:  
N/A

Street Medicine Provider: N

Email for New Referrals and Existing Patients: [JILL@LIGHTBRIDGEHOSPICE.COM](mailto: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](mailto:ecm@picf.org)

Phone for New Referrals and Existing Patients: (747) 500-4609

### PARTNERS IN CARE FOUNDATION

732 MOTT ST STE 150  
SAN FERNANDO, CA 91340

Phone: (747) 500-4609

After Hours Phone: (747) 500-4609

Accessibility: CONTACT

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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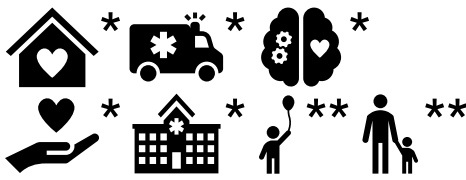
## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

**PROVIDER**  
 Website: N/A  
 ECM Population of Focus:








Community Supports Services:  
 Housing Tenancy and  
 Sustaining Services, Housing  
 Transition Navigation  
 Services, Personal Care and  
 Homemaker Services, Respite  
 Services  
 Street Medicine Provider: N  
 Email for New Referrals and Ex  
 isting Patients: [ecm@picf.org](mailto:ecm@picf.org)  
 Phone for New Referrals and  
 Existing Patients: (747)  
 500-4609

 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 Ex  
 isting Patients: [deborah.bowyer@merakey.org](mailto:deborah.bowyer@merakey.org)  
 Phone for New Referrals and  
 Existing Patients: (916)  
 832-4868



 After Hours Phone: (760)  
 682-2424  
 Site English Spoken: Y  
 Accessibility: CONTACT  
**PROVIDER**  
 Website: [www.americareadhc.com](http://www.americareadhc.com)  
 Cultural Competency: N  
 Accepting New Patients: No  
 ECM Population of Focus:



Community Supports Services:  
 N/A  
 Street Medicine Provider: N  
 Email for New Referrals and Ex  
 isting Patients: [inashtut@americareadhc.com](mailto:inashtut@americareadhc.com)  
 Phone for New Referrals and  
 Existing Patients: (760)  
 682-2424



### SAN MARCOS

#### MERAKEY ALLOS

 334 VIA VERA CRUZ STE  
 204  
 SAN MARCOS, CA 92078  
 Phone: (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

### VAN NUYS






#### LIBERTANA HOME HEALTH OF SHERMAN OAKS

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños






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## K. Otros proveedores de servicios (apoyos comunitarios, administración de la atención ampliada)

 5805 SEPULVEDA BLVD  
 STE 605  
 VAN NUYS, CA 91411  
 Phone: (818) 902-5000  
 After Hours Phone: (818)  
 902-5000  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A  
 Community Supports Services:  
 Community Transition  
 Services/Nursing Facilities  
 Transition to a Home, Housing  
 Deposits, Housing Tenancy and  
 Sustaining Services, Housing  
 Transition Navigation  
 Services, Nursing Facility  
 Transition/Diversion to  
 Assisted Living  
 Facilities, Personal Care and  
 Homemaker Services, Respite  
 Services  
 Street Medicine Provider: N  
 Phone for New Referrals and  
 Existing Patients: (818)  
 902-5000

### VISTA 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.  
 org](mailto:ecmteam@vcc.org)  
 Phone for New Referrals and  
 Existing Patients: (760)  
 631-5000

### VISTA

\*Adultos \*\*Niños \*\*\*Tanto adultos como niños

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## L. Centros de atención de urgencia de Blue Shield Promise

### CHULA VISTA

#### AFC URGENT CARE OF BONITA

NPI: 1316225147

760 OTAY LAKES RD  
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

Spanish

SU 8AM-5PM  
M-F 8AM-8PM  
SA 8AM-8PM

Accessibility: CONTACT PROVIDER

[www.afcurgentcare.com/chula-vista/](https://www.afcurgentcare.com/chula-vista/)

Accepting New Patients: No

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

5671 BALBOA AVE  
SAN DIEGO, CA 92111

(858) 800-2880

(858) 800-2880

Spanish

SU 8AM-6PM  
M-F 8AM-8PM  
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

8590 RIO SAN DIEGO DR  
STE 111

SAN DIEGO, CA 92108

(619) 736-4600

(619) 736-4600

Spanish

SU 8AM-6PM  
M-F 8AM-8PM  
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

#### AFC URGENT CARE OF SAN DIEGO

NPI: 1396058137

1740 ROSECRANS ST  
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

Spanish

SU 8AM-6PM  
M-F 8AM-8PM  
SA 8AM-6PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: No

#### AFC URGENT CARE OF SAN


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.


## L. Centros de atención de urgencia de Blue Shield Promise


### 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

 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: 1952995466

 8590 RIO SAN DIEGO DR  
STE 111


Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.



## L. Centros de atención de urgencia de Blue Shield Promise

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

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 N/A  
Accepting New Patients: No

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## L. Centros de atención de urgencia de Blue Shield Promise

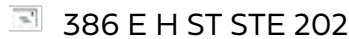


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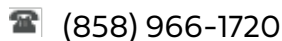
Accepting New Patients: No

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FN D TN**

*NPI:* 1669617197



386 E H ST STE 202  
CHULA VISTA, CA 91910



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*Accessibility:* CONTACT PROVIDER



N/A

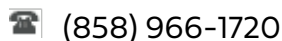
Accepting New Patients: No

**RADY CHILDRENS  
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FN D TN**

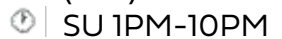
*NPI:* 1669617197



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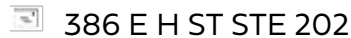


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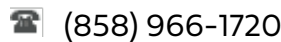
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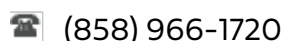
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N/A

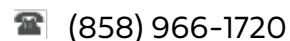
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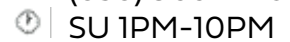
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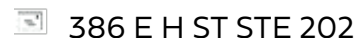


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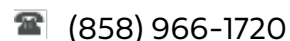
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## L. Centros de atención de urgencia de Blue Shield Promise

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Accepting New Patients: No

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## L. Centros de atención de urgencia de Blue Shield Promise


### **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**

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 *Accessibility:* CONTACT PROVIDER

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Accepting New Patients: No


### **RADY CHILDRENS**


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 *Accessibility:* CONTACT PROVIDER

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Accepting New Patients: No


### **RADY CHILDRENS**


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Accepting New Patients: No


### **RADY CHILDRENS**


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#### **FNDTN**

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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

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CHULA VISTA, CA 91910

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## L. Centros de atención de urgencia de Blue Shield Promise

 *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

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 *Accessibility:* CONTACT PROVIDER


 N/A


Accepting New Patients: No


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 *Accessibility:* CONTACT PROVIDER




 N/A

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FN D TN**

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 *Accessibility:* CONTACT PROVIDER

 N/A

Accepting New Patients: No

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FN D TN**

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## L. Centros de atención de urgencia de Blue Shield Promise

CHULA VISTA, CA 91910  
 (858) 966-1720  
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 SU 1PM-10PM  
M-F 4PM-10PM  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No







### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

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Accepting New Patients: No

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 SU 1PM-10PM  
M-F 4PM-10PM  
SA 1PM-10PM  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

### **ESCONDIDO**

### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED 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  
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 (760) 755-7600  
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 N/A  
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## L. Centros de atención de urgencia de Blue Shield Promise


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FNFTN**

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 2125 CITRACADO PKWY  
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ESCONDIDO, CA 92029

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 M-F 8AM-5PM


 *Accessibility:* CONTACT  
PROVIDER


 N/A


Accepting New Patients: No


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## L. Centros de atención de urgencia de Blue Shield Promise


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**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


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Accepting New Patients: No


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*NPI:* 1669617197

 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

 (619) 713-5375

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 5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942



 (619) 713-5375  
 (619) 713-5375  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

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## L. Centros de atención de urgencia de Blue Shield Promise





N/A


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### OCEANSIDE

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#### **SPECIALISTS SAN DIEGO MED FN D TN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

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 N/A


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Comuníquese con Atención al Cliente de Blue Shield Promise al 1-855-699-5557 para obtener información actualizada, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. TTY/TDD: 711. Visite en línea en [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). La información en este directorio de proveedores está sujeta a cambios.

## L. Centros de atención de urgencia de Blue Shield Promise


 *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  
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FNFTN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 (858) 966-8800

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 *Accessibility:* CONTACT PROVIDER


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Accepting New Patients: No

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FNFTN**

*NPI:* 1669617197

 3020 CHILDRENS WAY  
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 (858) 966-8800

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
 *Accessibility:* CONTACT PROVIDER


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*NPI:* 1669617197

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 (619) 280-2905  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
Accepting New Patients: No

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### **RADY CHILDRENS**

### **SPECIALISTS SAN DIEGO MED**





### **FNDTN**

*NPI:* 1669617197


 4305 UNIVERSITY AVE STE





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## L. Centros de atención de urgencia de Blue Shield Promise


150  
 SAN DIEGO, CA 92105  
 (619) 280-2905  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: No


**RADY CHILDRENS  
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 FNDTN**  
*NPI:* 1669617197  
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 SAN DIEGO, CA 92105  
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 Accepting New Patients: No






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SAN DIEGO, CA 92105  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: No

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 SAN DIEGO, CA 92105

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 N/A


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 (619) 280-2905

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 *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

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## L. Centros de atención de urgencia de Blue Shield Promise


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### SOUTHBAY URGENT CARE INC

NPI: 1558746750

 1628 PALM AVE  
SAN DIEGO, CA 92154

 (619) 591-9999

 (619) 591-9999

 Spanish, Vietnamese

 SU 10AM-6PM

M-F 9AM-8PM

SA 10AM-6PM

 *Accessibility:* CONTACT  
PROVIDER

 [https://www.southbayurgen  
tcare.com/](https://www.southbayurgentcare.com/)

Accepting New Patients: No

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## M. Lista de médicos de atención primaria

<b>2</b>	AL ANI, NAJWAN.....313	AMBER HOME.....1471
2-1-1 SAN DIEGO.....1715, 1716	AL KHIAMI, BELAL.....835, 956	AMBO, STANLEY.....631
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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
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